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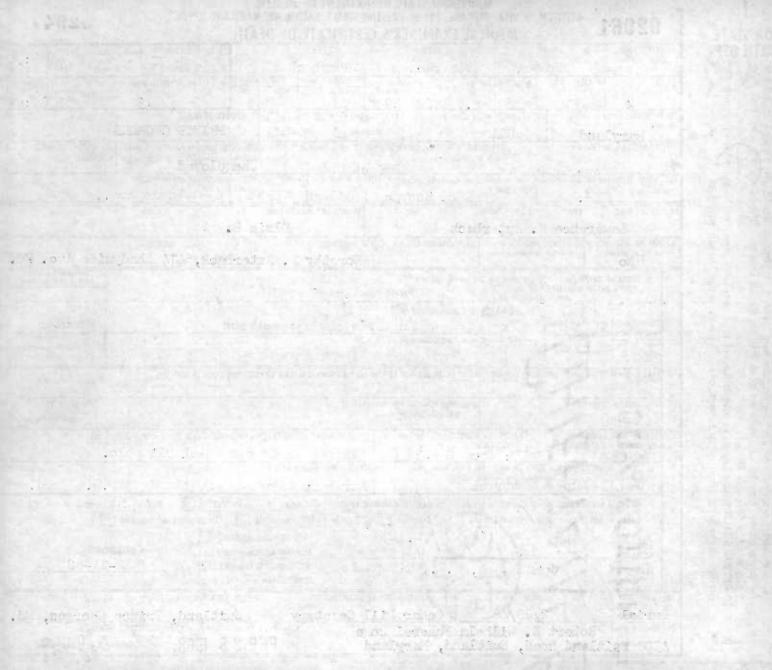
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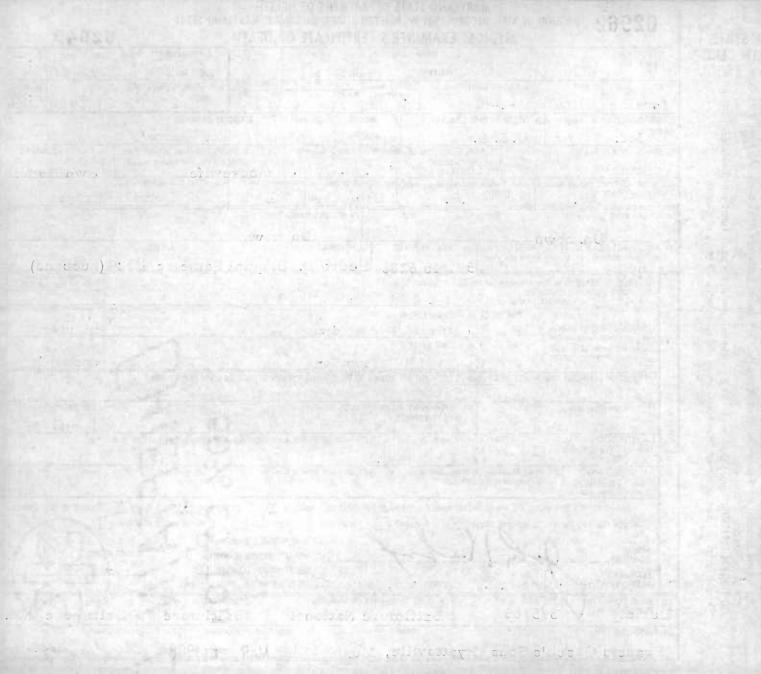
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HEALTH DEPT.		ECEASED-NAME Type or Print)	First		ddle		Lost			20. DATE	KNOWN K	Month	Doy	Yeor	2b. HOUR
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dela nd 3 3. P	3. 5		4. RACE	S. DATE OF BIRTH	6. AGE (In years last birthday)	MONTHS MONTHS	DAYS	IF UNDER 2 HOURS	24 HRS. MIN.	2c. DATE Mont	PRONOUNCE	DEAD Day	V		2d. HOUR
ny delay is 2, and 3 ta PM3. Page partment of		emale BIRTHPLACE (Stot	white	9-2-12	55 YRS	100					2	Duy	29 Yea	19 68	6:05N
tep les	cour	Md.	e or roreign	7b. CITIZEN OF WHAT COUNTRY? U.S. A.		RRIED NE				NTY OF D					
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fter Giv lang ith t	130	USUAL PESIDEN	CF /Where decore	ed lived, it institution: Residen	e before 13c. CITY	OR TOWN	13d	I. INSIDE CITY L	IMITS?	13e. STRE	T AND NUM	BER	O <sub>5</sub>	wn H	ome
rrs af 18. 18. 2 wi dea		dmission) STATE		13b. COUNTY P.G.	Palm	er Pa	rk	YES 🔀 N	0 🗆	812	2 Sher	rill	Str	eet	744
hin 24 hours after death any delay is nati in Item 18. Give Pages 1, 2, and 3 ta niner's Office along with farm PM3. Page pages I and 2 with the State Department of hours after death.	14. [	ATHER'S NAME	First	Middle	Lost	IS. MOTHE	ER'S MAID	DEN NAME	First		Mic	idle		Lost	
hin 24 ncil in niner's pages 1	140	WAS DESEASED TO	Unknowr ER IN U.S. ARMED F	Doctor Line control			Ur	know	n						
within pencil xaminer ile page 72 hau		es, no, or unknow		var or dates of service)		7. INFORMA				13/1-	ADDRES		H)E		
f with per Exan Exan File		no	DEATH (Codes and		6 6286 I	edro	D.	Bag	uial	Sam	e as	# 12	(hu	esban	Ld)
shauld be executed e ward "pending" in 1 the Chief Medical E. ourial-transit permit. F in any event within		PART 1. D	EATH MAC CALICED	y one couse per line for (o), (b), BY: TE CAUSE (a) <u>Cardiac</u>		do							BETY	WEEN ONSET A	ND DEATH
exec ndin Med per per		410	IMMEDIA	DUE TO, OR AS A CONSEQU		ae									
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shauld be executed to ward "pending" is a the Chief Medical burial-transit permit.		lost.	)	(c) Myocard	ial Infa	rctio	n						on	e wee	ek
This certificate shauld be executed ficate, writing the ward "pending" in be farwarded to the Chief Medical E. dbe used as a burial-transit permit. For remaval, and in any event within		PART 2. OTHER S	SIGNIFICANT CONDI	TIONS CONTRIBUTING TO DEATH	BUT NOT RELATED	TO THE TER	MINAL DIS	SEASE OR CO	ONDITION	GIVEN IN	PART 1(o)				
rriffic rriffic vard, val,	NO	190. DATE OF O	DEDATION	19k CONDITIO	N FOR WHICH OPE	DATION	34.11	17.1					Las		
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This ficate, be for d be our rer	CERT	21o. EXTERNAL (		21b. TIME OF INJURY Month,	Doy, Yeor 2	Ic. HOW INJ	JURY OCC	URRED (Ent	er noture	of injury	in Port 1 or	Port 2 Is		YES 📉	NO 🗌
INER: 1 e certific shauld b files. 3 should	MEDICAL CERTIFICATION	PRIMARY OI  CAUSE OF DEAT	R CONTRIBUTING [	HOUR A.M. P.M.	19										
ICAL EXAMINER: a execute the certifor. Page 4 shauld ed far yaur files. CTOR: Page 3 shoul burial, crematian,	MEI	21d. INJURY OCC	URRED 21e, P	LACE OF INJURY (At home, form, tory, office building, etc.)	street, 2	f. LOCATION	Street o	r R.F.D. No.		City	or Town	1.7	County	,	Stote
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AL Executive Part for for Italian		22a. I	<b>certify</b> that I to	ok charge af the remains o						ectian [	X), Inc	uiry 🛚	], an	d in my	apinian
se estarined ined	-	death re	sulted fram:	Natural causes X,	Agident,	Suicide		Hamicide	e 🔲,	Undet	ermined r	manner			
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UTY, ary, beral be pri		SIGNATURE	1/0	m 1 w	7	M.C		TANT MEDIC TY MEDICAL				22b. DATE	SIGNED 2-68		
necessary, please execute the certificate withing the ward "pending" in pencil in Item 18. Give Page the functor of the function of the functi		EXAMINER'S NAME (Type)	John Weh	oe M.D., River	dale. Ma	rylan					ity)	)=2	-00		
10 The To	230.	BURIAL, CREMAT	TON, 23b.	DATE 23c. N	AME OF CEMETERY	OR GREAT	IORY				(City or Tow	n)	(County)	(Sto	ote)
K		drial(Speci		5/68 Ba	ltimore	Nati	onal			ltim					Md
VR ATSME ST		FUNERAL DIRECTO			ADDRESS			2So. REC'D					SIGNATUR		
10M REV. 1/68	F	rancis	Gasch's	Sons Hyatts	ville M	A		DATE AAA	D	G 10	000	Milan	mela.	Verde	M.



02963 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages and 2 should be filed with the State Dept. of Health priar to burial, crematian, or remayal, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

## CERTIFICATE OF DEATH

32950

		PLACE OF DEATH o. COUNTY	and B a	N was	writer for.		2. USUAL RESIDENCE (	Where deceos	ed lived, if institu b. COL		nce before	admissi	ion)
			Prince G	eorge	O .	YLAND	D.	C.	246				
		write RURAL on	If outside corporate limits, d give neorest town)		c. LENGTH OF STAY	IN 1b	c. CITY DR TOWN (If o			URAL ond giv	e neores	town)	
		Glen	n Dale (rura	1)	77 da	ays		ingtor	1				
60		d. NAME OF HOSPIT	AL OR INSTITUTION (If not in	hospital,	give street address)		d. STREET ADDRESS					ON A F	ARM?
03			le Hospital				200 6th	Street	S.E.			YES	NO [X]
400		NAME OF DECEASED	First		Middle		Lost	4. DATE OF	Mor	nth	Doy		ear
11		(Type or print)	Pau	1		Ba	refoot SR.	DEATH	2		2	7 19	68
3	S.	SEX		MARRIED	NEVER MARRIE	D	B. DATE OF BIRTH	9	. AGE (In years	IF UNDER			R 24 HRS.
		Male	White	WIDOWED	DIVORCE		4/15/10		lost birthdoy) 57 yrs.	Months	Doys	Hours	Min.
			(Give kind of work done		ND OF BUSINESS OR		11. BIRTHPLACE (County	& Stote, or fo	reign country)	12. CI	TIZEN OF	WHAT	
		ing most of working		IN	DUSTRY		North	CArol.	ina	((	UNTRY?	SA	
		FATHER'S NAME	rker				14. MOTHER'S MAIDEN					D	
		Co	y T. Barefoo	t			Ida B.	?					
	15.	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16.	SOCIAL SECURITY NO.	17.	INFORMANT		Add	ress			
	(Ye	s, no, or unknown) None	(If yes give wor or dotes of se	ervice)	77-07-623	8	(Deced	lent)		214	355		
			EATH (Enter only one couse TH WAS CAUSED BY:		(o), (b), ond (c).)							RVAL BE	
		PPRI	IMMEDIATE CAUSE (o)	Hebe	tore coma				-		2 4	ays	
		5/10	DUE TO	Q-1	rhosis of	the .	lizzom				yea	re	
		Conditions, if ony		Clr	rnosis oi	the .	river				y ca	T 12	
		stoting the unde											
		last.	) (c)	Chr	onic alcoh	olis	m				yea	-	
_	2	PART II. OTHER SI	GNIFICANT CONDITIONS CON	RIBUTING	O DEATH BUT NOT RE	LATED TO	THE TERMINAL DISEASE CO	NDITION GIVE	N IN PART I(o)		19.	WAS AUT PERFORM	OPSY NED?
1	ATIC	5811										S	NO 🔀
	CERTIFICATION		☐ CAUSE OF DEATH	20b. DE	SCRIBE HOW INJURY O	CCURRED.	(Enter noture of injury in	Port 1 or Por	t II of item 1B.)				
		-	MEDICAL EXAMINER)							1.0			f=: 1
, -	MEDICAL	20c. TIME OF INJ	JRY Month, Doy, Yeor	20d. II While	NJURY OCCURRED  Not While		CE OF INJURY (Home, for tory, street, office bldg., etc		(City or town)	(60	unty)		(Stote)
	×	p.i	10	of wor		100	iory, sireer, ornice biag., ere	1					
		21. I certi	fy that 仙) (this hospit	al) atten	ded the deceased	from_	12/13	19_67_, t	D 2/27	19	68, th	ot (II) (	(we) las
			eceased alive an	2/27	19_68,	and tha	t death accurred at	7:25 IN	I, from causes	and an t	he date	stote	d obave
		22o. SIGNATURE	11 . 11	٨						22b. D	ATE SIGN	ED	
			Mos IV	his		M.	D. PHYS.	MED. DIRECTOR	STAFF PHYS.	] 2/	27/6	8	- 61
1		22c. PHYSICIAN'S NAME (Type		iss. 1	í. D.		22d. ADDRESS	Glenn	Dale Hos	spital			
	230	. BURIAL, CREMATI			1 23c. NAME OF CEM	AFTERY OR	CREMATORY	G 1 C236 10	CATION (City or )	ดพ์ท)	(County)	1	Stote)
	D	REMOVAL (Specify									, , , ,		
4.4		L FUNERAL DIRECTO		1700	Tew Cem	re rei	1 250 DEC	D BY REGISTI	m, Nor	REGISTRAR'S			L
										Licery		redy	NED.
	L	ee Fune	ral Home 3	00 4	th St.NE	Was	h.D. C. DATE MA	11 T	1000	7	- 0	0	

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02964 CERTIFICATE OF DEATH 04506 2b. HOUR A DECEASED-NAME First Middle Lost 2a. DATE OF DEATH signed by the attending physician and campletely filled in by the funeral burial-transit permit. Then please remave carban papers Pages 1 and 2 burial, cremation, ar remaval, and in any event, within 72 hours after death. haurs after death (Type ar print) Manth 28 Day 1968 eor Baby Boy Barnett Feb. 1:50 M 4. RACE 3. SEX S. DATE OF BIRTH IF UNDER 24 HRS. 6. AGE (In years IF UNOER 1 YEAR last birthday) 39 Male Negroid Feb. 27, 1968 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED filler in Maryland U.S.A. WIDOWED [ DIVORCED [ Prince Georges 24 10. CITY OR TOWN DE DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address)
Prince Geo. Gen'l Hospital during most of working life, even if retired.) INDUSTRY Cheverly 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 113c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER requires that the death certificate be executed odmission) STATE
Maryland 13b. COUNTY
Prince Georges Upper Marlboro NO 🗆 ---- Upper Marlboro 14. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle Bonita Alice Barnett Henry James Owens 16h SOCIAL SECURITY ND 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (If yes give war or dates of service) Yes, no. or unknown) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (g), (b), and (c).) BETWEEN ONSET AND OFATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise ta immediate cause (a). TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached far use as the burial-tran DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) director, page 3 should be detached far use as the should be filed with the State Dept. of Health priar ta 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES 🗍 NO T 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town Caunty State While Not while of work 22a. I certify that (this haspital) attended the deceased from Feb. 27, 19.68, to Feb. 28, 19.68, that (we) last saw the deceased olive on Feb. 28, 19.68, and that in (30%) (our) opinion death occurred on the date and hour and from the couses stated obove, (k) (we) (did) (did) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR STAFF XXXX DEGREE PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Lype) John H. Moling, M. Prince Georges General Hospital 23b. DATE NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (County) (State) REMOVAL (Speedy) rince Goo. General Hosp Cheverly, Maryland 3/2/68 24. FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Ocharles 30M REV. 1/68 Penn, 1-04

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02952 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle 2a. DATE KNOWN Month 2b. HOUR Yeor (Type or Print) OF ESTI-Edward David Beck 2 196812:20s 4 RACE 6. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 2d. HOUR m S. DATE OF BIRTH 2c. DATE PRONOLINGED DEAD white 8/24/63 19 6812:208 LL YRS. make 7o. BIRTHPLACE (Stote or foreign MARRIED NEVER MARRIED 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH WIDOWED [ DIVORCED [ U.S. Prince George's lond 2 with the Star 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address)

Leland Memorial Hospital during most of working life, even if retired.) INDUSTRY Riverdale none 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Prince Geo. Riverdale | YES K NO | 5904 Sheridan St. 14. FATHER'S NAME Last 15. MOTHER'S MAIDEN NAME First Bette Bonbrest George Beck G. the certificate, writing the word "pending" in pencil in 4 should be forworded to the Chief Medical Examiner's 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes, na, ar unknown) Bette Beck 5904 Sheridan St. Riverdale, Md. none buriol-transit permit. File I in ony event within 72 event within APPROXIMATE INTERVAL executed 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED 8Y: IMMEDIATE (AUSE (a) Multiple skull fractures DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove (b) Trauma from automobile accident rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF certificate should stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? 2/17/68 Multiple skull fractures YES 🗍 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 ar Part 2, Item 18.) PRIMARY TOOR CONTRIBUTING HOUR A.M. 7:30 bt 2/17 19 68

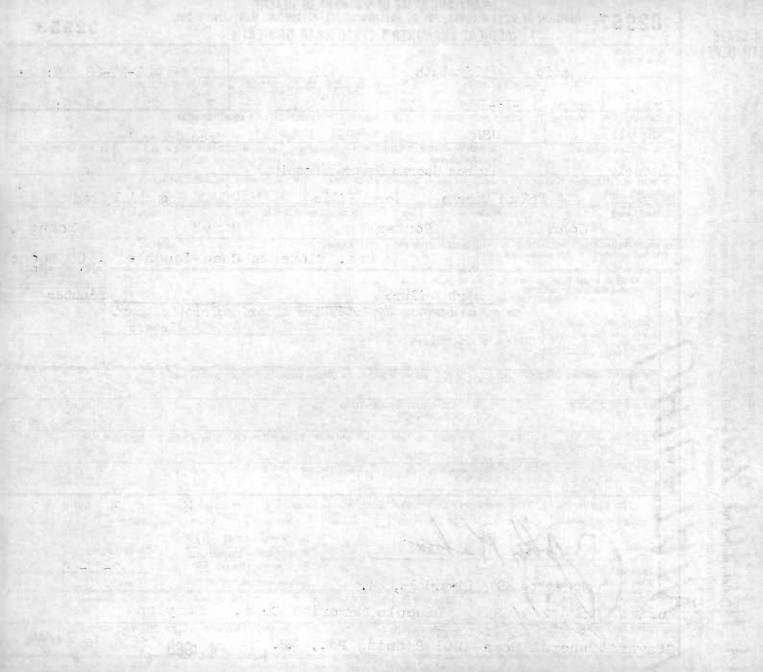
21e. PLACE OF INJURY (At hame, form, street, Child fell out of automobile
21f. LOCATION Street or R.F.D. No. City or Town CAUSE OF DEATH 21d. INJURY OCCURRED County State WHILE NOT WHILE TO AT WORK Kennilworth Ave. factory, affice building, etc.) 5460 Kennilworth Ave. Bladensburg. 22a. I certify that I taak charge of the remains described above, held an Autopsy , Inspection ... Inquiry and in my opinion death resulted fram: Natural causes , Accident Suicide , Homicide Undetermined manner CHIEF MEDICAL EXAMINER 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funerol 5 moy be TO FUNERA DEPUTY MEDICAL EXAMINER EXAMINER'S Cornelius J. Burns, MD ADDRESS(Street, city, town, ar county) NAME (Type) Cheverly, Md. 23a. BURIAL CREMATION, 23b. DATE 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (Caunty) REMOVAL (Specify) Fort Lincoln Cem COLIN Colmar Manor, Md. 24. FUNERAL DIRECTOR Nalley's Funeral DATE FEB Home Inc. VR A15ME (5) Maryland

MAKYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH



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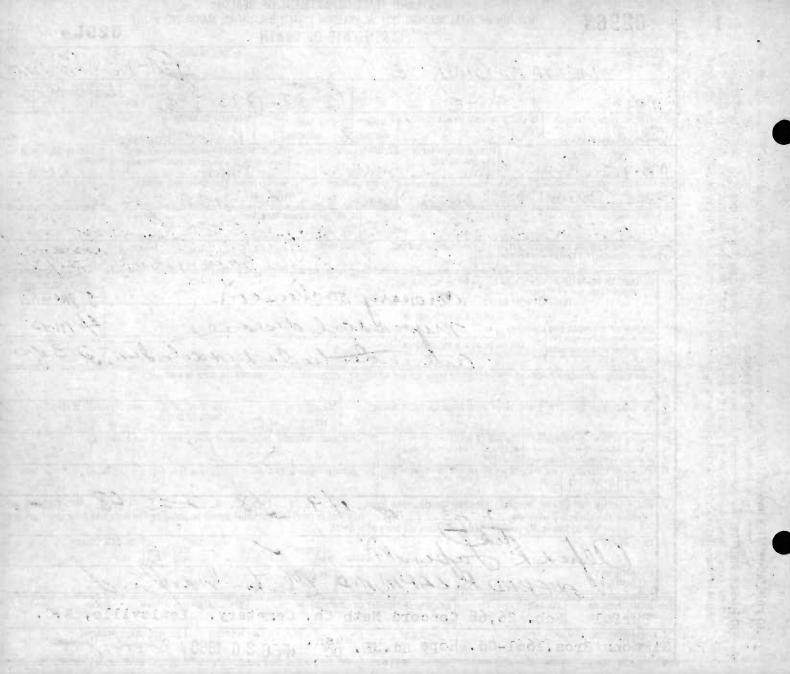
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2Sb. REGISTRAR'S SIGNATURE

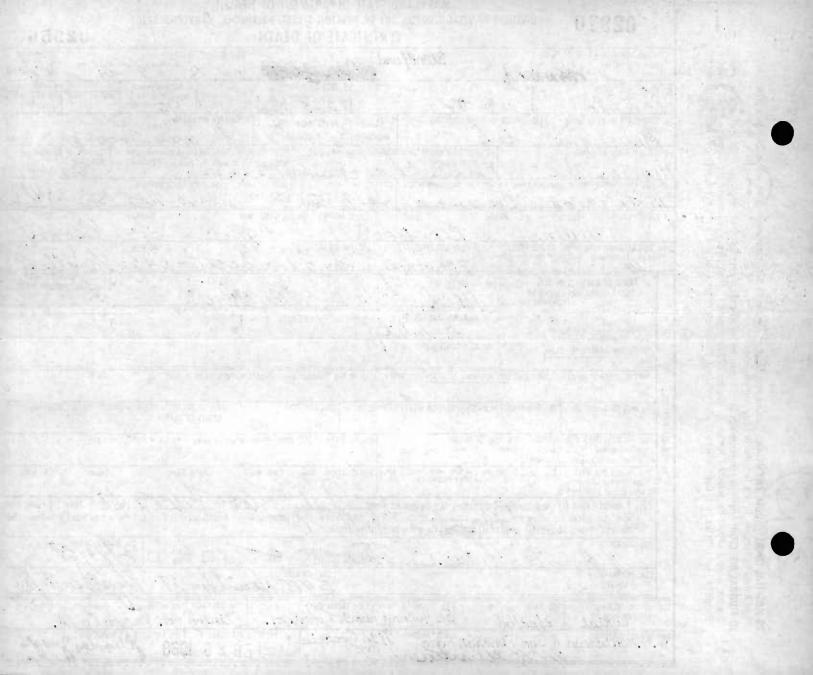
VR A15 (4) 30M REV. 1/68 24. FUNERAL DIRECTOR



1	Items 5, 6 /Film G39	7a 8	DIVISION OF	MARYLAN VITAL RECORDS,	D STATE D 301 W. PRE	EPARTM STON STI	NENT OF H REET, BALTI	IEALTH MORE, N	ARYLAND	21201		
Sk	LITH GOA	2 2/1/	OO KK	02303 (	ERTIFICA	TE OF	DEATH				029	
1	DECEASED-NAME (Type or print)	First		Middle	D)	lost ack		20. DATE	OF DEATHMonth	Day	Year	2b. HOUR
X -	SEX	Emn	4. RACE	Ε.		. DATE OF BI	IDTU		Feb 6. AGE (In		1968 IF UNDER 1 YEAR	IF UNDER 24 HRS.
13.	Female		Whi	te			4, 188	32	lost birtl	nday) YRS.	MONTHS DAYS	HOURS MIN.
	BIRTHPLACE (Stote or funtry)	oreign	7b. CITIZEN OF W	HAT COUNTRY?	8. MARRIED WIDOWED		(KIEU)	9. COUNTY	of DEATH Geor	ge's	Co.	м
	CITY OR TOWN OF DEA Upper Ma	rlbor	give	AME OF HOSPITAL OR INS street oddress) 755 = Bro	wn Roa	d			ON (Kind of wing life, even i		12b. KIND OF INDUSTRY	BUSINESS OR Gov.
	o. USUAL RESIDENCE (Windows)  Maryle  Maryle	ere deceose	d lived, if institu 13b. COUNTY	tion: Residence before	13c. CITY OR TO xon H	OWN	13d. INSIDE CITY LIN		STREET AND N	UMBER	rama D	
/ 14		irst	Middle S •	lost Rudolph	15.	MOTHER'S MA	AIDEN NAME Fi	irst		Middle	C HICK D	Lost
10	io. WAS DECEASED EVER	IN U.S. ARMI	ED FORCES?	16b. SOCIAL SECURITY I		ORMANT	32 000			Address		
	Yes, no, or unknown)	(II yes give wo	r or dates of service)		Re	vus I	R. Bla	ck (	Son)	Same		13
	18. CAUSE OF DEAT	H (Enter only	one couse per li	ine for (o), (b), ond (c).		W-15	2500	1944			OETWEEN O	NATE INTERVAL NSET AND DEATH
	PART 1. DEATH	IMMEDIAT	E CAUSE (o)	lh	emia						300	coke
	4400		DUE TO, OR	AS A CONSEQUENCE OF							,_	
	Conditions, if ony, w		(b)		energed	orter	wsclow	7/2/			50	k
	stoting the underly	ng couse		AS A CONSEQUENCE OF								
	_	FICANT CON	(c)	JTING TO DEATH BUT N	OT DELATED TO 1	THE TEDMINA	I DISEASE OPCO	ONDITION G	IVEN IN PART 1	(0)		
	4500	III CANT CON	omono common	JANO TO DEATH DOT IN	or REGALLO TO 1	TIL TERMINA	E DISEASE ORCE	ONDITION O	TVER IN TAKE	(0)		
X	190. DATE OF OPERATI	ON 19b. C	ONDITION FOR WE	HICH OPERATION WAS PE	RFORMED	20a. AUTO			). IF YES, WERE USES OF DEATH?		ONSIDERED IN C	RTIFYING
					21c. HOV		CURRED (Enter	noture of i	injury in Port 1	or Port 2, 1	tem 18.)	
arraica:	OR CONTRIBUTING (If either, notify med	licol exomine	er) P.M.	19								
1	While Not while			( AT HOME, FARM, STREET, FAC OFFICE OUILDING, ETC.					City or Town	Site.	County	Stote
	22a. I certify the	at (I) (this	s haspital) att	ended the decease	ed fram 9 <u>68</u> , and	that in (m	, 19 <u>@</u> ny) (aur) apir	⊈_, ta_ nian deat	h accurred o	, 19 <u>.</u> on the da	<u>∕o⊋</u> , that te and haur	(I) (we) la: and fram th
	22b. SIGNATURE	ed abave,	(I) (we) (did)	(did nat) view the	bady after de	ath.			280	7 22. [	DATE SIGNED	100
	220. SIGNATURE	0	San A	3 Hora	M W DEGREE	ATTENDIN	NG XX MI	ED.	STAFF PHYS.	I Fe	eb. 26	,1968
1	22d. PHYSICIAN'S NAME (Type)	Johr	B. Fe	//		22e, ADD 22.	22390			., SI	E. Was	h.,DC
23	lo. BURIAL, CREMATION, REMOVAL (Specify)	23h D	rch ls	8 Stoke	CEMETERY OR CI		hapel	Cr	ATION (City or	lle,		(Stote)
	A. FUNERAL DIRECTOR	4 Bot	201	ADDRESS		wasn	2So REC'D BY	Y REGISTRAL	R 2Sb. 1	REGISTRARS	SIGNATURE	della :
8 5	immons B	ros.	1661-G	ood Hope	Rd .SE		DATEFEB	40	1200	1	1	0

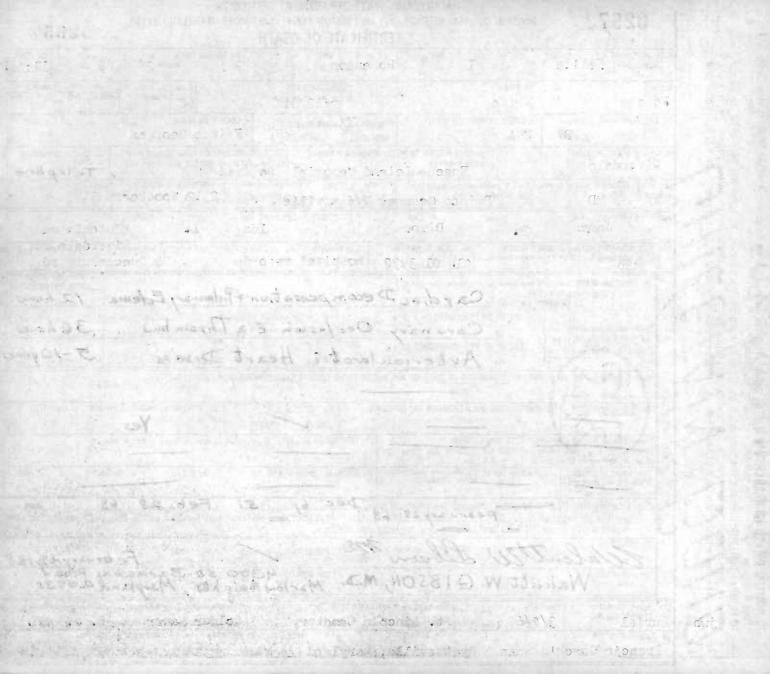
CORNEL LA LA ROLL TO TO THE STATE OF THE STA Emme State S Average and a commence of the dent density through the second FILE BE THE COST NAMED IN TOTAL The first of the control of the cont elements and the second agent and the second areas are also and the second areas are also are also are also are

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02970 CERTIFICATE OF DEATH 02956 DECEASED-NAME **First** 2a. DATE OF DEATH 2b. HOUR ond 2 death. Blandford 24 hours after death (Type or print) 3. SEX 6. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED filled in ourial-itatisti pemit. Inen piease remove carban papers burial, crematian, ar remaval, and in any event, within 72 DIVORCED WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KINO OF BUSINESS OR = during mast of working life, even if retired.) **INDUSTRY** HYATTSUI Schoo campletely TEACheR 13d. USUAL RESIDENCE (Where deceased lived, if institution: Residence before, 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER exertited YES 🔀 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Middle illian requires that the death certificate be 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17, INFORMANT 16b. SOCIAL SECURITY NO Address (If yes give war or dates of service) Yes, no, or unknown) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Canditions, if any, which gave: rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 3 shauld be detached for use as the with the State Dept. af Health prior ta 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING FUNERAL DIRECTOR: After this certificate has CAUSES OF DEATH? YES 🗌 NO 🗍 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year P.M. (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County While Nat while at wark 22a. I certify that (1) (this hospital) attended the deceased fram saw the deceased alive an XIIIss 1904, and that in (my) (our) apinian death accurred an the date and have and from the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY
St. Johns Church Cam 23b. DATE 23d. LOCATION (City or Town) 230. BURIAL, CREMATION REMOVAb(Specify) Johns (hurch (emetery. Linton Md. Pr VR A15 (4) 30M REV. 1/68



MAKYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 34521 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 2o. DATE OF DEATH 2b. HOUR 24 hours ofter death. in by the funeral (Type or print) 68 Year Blum. Baby Boy .15AM 6. AGE (In years 3. SFX 4 RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) MONTHS DAYS HOURS Male White 1 Feb., 1968 7o. BIRTHPLACE (Stote or foreign) 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED (country) Maryland U.S.A WIDOWED [ DIVORCED Prince Georges signed by the ottending physicion and completely filled buriol-tronsit permit. Then please remove carban pobe 12o. USUAL OCCUPATION (Kind of work done ond in any event, within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR requires that the death certificate be executed within give street oddress)
Prince Geo. during most of working life, even if retired.) INDUSTRY Cheverly Gen Hosp. 130, USUAL RESIDENCE (Where deceased lived, if institution; Residence before 113c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY YES NO Md 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Blum. Joanne Nichelson Murray 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no. or unknown) (II yes give war or dates of service) buriol, cremation, or removol, APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) \_\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse! PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) as the hos been 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY2 CAUSES OF DEATH? YES V NO | ed for use of Health r FUNERAL DIRECTOR: After this certificate irector, page 3 should be detached for us 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH Page 4 moy be retained by the hospital HOUR A.M. Month Doy Yeor (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. director, page 3 should be detache should be filed with the State Dept. City or Town County Stote While Not while ot work 22a. I certify that (I) (this has with attended the deceased fram Feb. 1 , 1968 , to Feb. 1 , 1968 , that (I) (week last sow the deceased olive on Feb. 1 1968 , ond that in (my) (seek) opinion death occurred on the date and hour and from the causes stated abave, (I) (seek) (did) (did not view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED MED.
DIRECTOR STAFF PHYS. DEGREE 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 6300 Riverdale Rd., Riverdale, Maryland John Kehoe, M. D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230. BURIAL CREMATION 23b. DATE (County) (Stote) REMOVAL (Specify) Cheverly, Maryland 3/2/68 Prince Geo. General Hosp. ADDRESS 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE DATMAR 1968 30M REV. 1/68 Jry, Administrator Microla, Jacket 31-04

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in pencil in Item 18-Sive

certificate should be executed within 24 hours after death

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

02959

			MEDIC	AL CAAN	IIIAEK 2	CEKIIFI	CATE	OF DE	AIII					
1. DECEASED (Type or		First		Mide	dle		Lost			20. DATE KNOWN	Month	Day	Year	2b. HOUR
(Type of	rianij	Havwa	rd	W		Bow.	ling			OF ESTI- DEATH MATED	X 2-]	4-68	192	:04am
3. SEX	4. RAC		S. DATE OF BIRT	TH	6. AGE (In year last birthday)	s IF UNDE	R 1 YEAR DAYS	IF UNDER HOURS	24 HRS MIN.	2c. DATE PRONOU				2d. HOUR
Male	W	ite	9 Oct.	1949	18 y		UNIS	HOOKS		Month 2	32	68	19 2	:10an
	ACE (Stote or fore	ign 7b.	CITIZEN OF WHA	AT COUNTRY?		MARRIED []		RRIED	9. COL	INTY OF DEATH	13.01			
(dunfry)	est Vir	ginia	U.S.			IDOWED 🗀		RCED 🗌	Pr	ince Geo	rge's			М
10. CITY OR	TOWN OF DEATH		II. NA		AL OR INSTITUTI	ON (If not in	hospitol			CUPATION (Kind of				
	erdale		LeTa	treet oddress) and Men	norial !	Hospit	cal			Steattioner	lttend	e unnaise	Scot	t Stat
	RESIDENCE (Whe	re deceosed	lived, if institut	tion: Residence				I. INSIDE CITY I		13e. STREET AND N	IUMBER	110		101
Mary	Plana Plana	Pri	nce Geo	orge	Hyatt	sville		YES N	10	5301 Ha	milto	n Str	reet	Apt.
14. FATHER'S	NAME F	irst	Middle		Lost	15. MOTH	HER'S MAID	DEN NAME	First		Middle		Last	1
7	Woodro	W	P.	Har	less		Gla	dys		Marie		Bowl	ling	776
16a. WAS DE	CEASED EVER IN U.	S. ARMED FOR		16b. SOCIAL SEC		17. INFORM	ANT		133	ADI	DRESS		0	
no	or unknown)	(it has dive was	or deles of service)	219 54	5991	Jane	tS.	Bow	ling	Same a	s #13	(wi	fe)	
18. 0	AUSE OF DEATH	(Enter only o	ine cause per lin	ne far (a), (b),	ond (c).)							BETT	PPROXIMATE WEEN ONSET	INTERVAL AND DEATH
	PART I. DEATH W	AS CAUSED B'	Y: CAUSE (a)		Lacer	ation	of h	rain	10					
8	116.1		DUE TO, OR	AS A CONSEQU	ENCE OF			A 31			1,316	4 3	0.00	
	tions, if any, whi a immediate ca		(b)		Multi	ple s	kull	frac	ture	es	30.5	M	linut	es
	g the underlying			AS A CONSEQU	ENCE OF									
last.			(c)						113					
PART 2	OTHER SIGNIFIC	ANT CONDITIO	NS CONTRIBUTI	NG TO DEATH E	BUT NOT RELATE	D TO THE TE	RMINAL DI	SEASE OR O	ONDITIO	N GIVEN IN PART 1	(a)			11-12
z/	134						1 8							1 7 2
₩ 19a. D	ATE OF OPERATIO	N		19b. CONDITION WAS PERF	N FOR WHICH C	PERATION						20.	. AUTOPSY	/?
210. E							11				1113		YES 🗌	№ □
21a. E.	XTERNAL CAUSE V ARY 🔼 OR CONTR		21b. TIME OF I	NJURY Month, [	Day, Year	21c. HOW I	NJURY OC	CURRED (En	ter natu	re of injury in Part	1 or Part 2,	Item 18.)		
음 CAUS	E OF DEATH			n 2-14		Passe	nger	in c	ar	which str		ole.		
≥ 21d. IN	JURY OCCURRED		CE OF INJURY (A y, office building		street,	21f. LOCATIO	)N Street o	or R.F.D. No.		City or Town		County	y	State
AT WO	DRK NOT WHILE	Ken	ilworth	Ave.	at Flet	chers	Fie	ld, E	dmo:	nston. Ma	rylan	d		
	22a. I certify	that I taal	k charge af th	ne remains d	escribed abo	ive, held a	n Autor	psy 🔲,	Ins	spection 🔀,	Inquiry [	📆, an	nd in m	y ap <del>i</del> nian
d	eath resulted	fram:	Natural cays	es . A	ccidentxx	Suicide		Hamicid	le 🔲	Undetermine	ed manner			
		1	1/	11			CHIE	F MEDICAL	EXAMIN	ER 🔲				
SIGN	JAL IATURE		a h	1	101	~1,	A.D. ASSI	STANT MED	ICAL EXA	MINER	22b. <b>DAT</b>	E SIGNED		
	MINER'S	1		1						NER 🔯		2-14-	-68_	
			lehoe MD		erdale	Md.		RESS(Street		wn, or caunty)				
23 a. BURIA	VAL (Specify)	23b/. DA		23c. N	AME OF CEMETE	RY OR CREM	ATORY			LOCATION (City or		(County)	,	itote)
	VAL (Specify)	12/1	7/68	Ca	lfee C	emete	ry		E	Berkley		West	Vir	ginia
24. FUNER	AL DIRECTOR				ADDRESS			2Sa. REC'I	BY RE	1968 1968 Sb.	REGISTRAR	SIGNATUR	The same	Pa ·
Fra	ncis Ga	schie	Sone	Haratte	wille	LIA		DATE	-0 1	0 1000				

VR A15ME (5) 10M REV. 1/68

5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land with the Health prior to burial, cremation, or removal, and in any event within 72 hours ofter death.

necessory, please execute the certificate, writing the word "pending" in pencil in Item 1 the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office

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2 1	MARYLAND STATE DEPARTMENT OF HEALTH  02974 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	02960
HEALTH DEPT.	3. DECEASED-NAME First Middle C Lost 2a DATE KNOWN Month D	Doy Yeor 2b. HOUR
is ta	(Type or Print)  OF ESTI- DEATH MATED  2-10-	-68 19 5:00 pm
delay	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD Month Day	2d. HOUR
	Male White 18 June 1888 79 YRS. 2 11	6819 11:25aM
Depoi	70. BIRTHPLACE (State or foreign   7b. CITIZEN OF WHAT COUNTRY?   8. MARRIED   NEVER MARRIED   9. COUNTY OF DEATH	
te for	WIDOWED  DIVORCED □ Prince George Is  10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12)	Md. 2b. KIND OF BUSINESS OR
	Laurel Give street address during most of warking life, eyen if retired.)	NDUSTRY
frer do Give ong w	13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY TIMITS? 13e. STREET AND NUMBER	
2 with death.	officer George Laurel YES NO 613 Main Stree	t
	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Last
rr's es	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 116b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS O	
	(Yes, na, or unknown) (If yes give wor or doles of service) 218-05-6637 Blanche Leishurg Law	. 0 ml.
d wit in pe Exan File in 72	18. AUSE OF DEATH (Enter anly ane cause per line for (o), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be executed "pending" in nief Medical E nnsit permit. F event within	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Heart failure	minutes
exe endii Me t pe	DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic heart disease	unknown
be '' p' '' '' '' '' '' '' '' '' '' '' ''	Canditians, if any, which gave rise to immediate couse (a), (b)	
aul wan he ial-	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
she v ta th buri d in	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
is certificate sh te, writing the farwarded ta t e used as a bur remaval, and in	4200	
is certific te, writin farward e used as	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
fer fer	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 3 or Part 2, Item	YES NO 💭
E 79 E .		1 18.)
NER: T certifica hauld b iles. shauld atian, ar	CAUSE OF DEATH P.M. 19	Court Court
3 + s e	WHILE NOT WHILE foctory, affice building, etc.)	Caunty State
	22a. I certify that I taak charge of the remains described abave, held an Autopsy , Inspection , Inquiry ,	and in my opinion
ical E executor. Page ed for CTOR: Fundamental	death resulted from: Natural causes X, Accident , Suicide , Hamicide , Undetermined manner	_ ' '
please direct direct please or ta k	CHIEF MEDICAL EXAMINER	
ury, please eral direct be retain RAL DIRE	ACTUAL SIGNATURE  M.D. ASSISTANT MEDICAL EXAMINER  22b. DATE SIG	GNED
DEPUTY cessary, e funeral may be a FUNERAL calth pri	EXAMINER'S DEPUTY MEDICAL EXAMINER 2-1	2-68
TO DEPUTY necessary, the funera 5 may be TO FUNERA Health pr	NAME (Type) John Kehoe MD Riverdale, Md ADDRESS(Street, city, town, or county)  230. BURIAL, CREMATION, 1/23b. DATE 1/23c, NAME OF CEMETERY OR CREMATORY 1/23d. LOCATION (City or Town) (City or Town)	(6.1)
5 + 25 + 0	230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (C	aunty) (State)
4	24. FUNERAL DIRECTOR ADBRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIG	GNATURE
VR A15ME (5) 10M REV. 1/68	De Witt Danaldean Raund My DATE FEB 1 6 1968 PChan	Eas Judges

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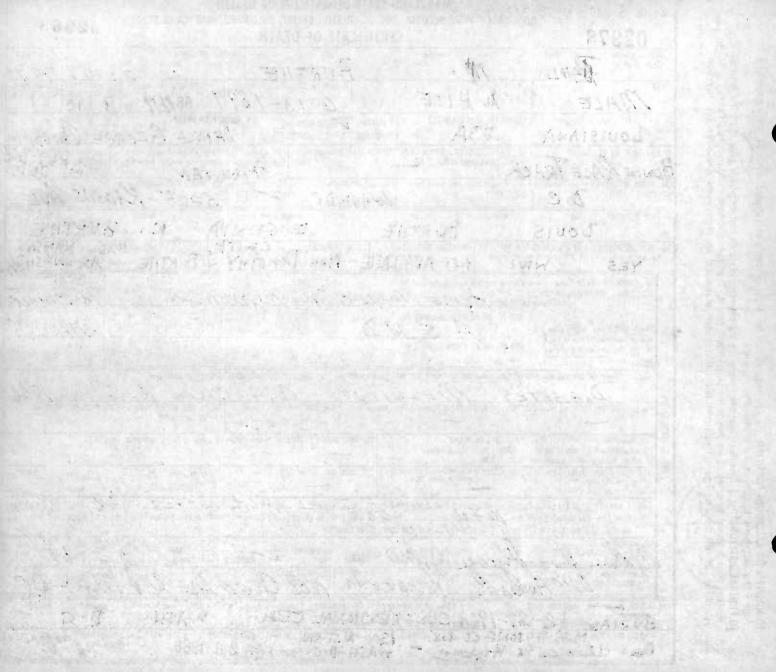
MARTLAND STATE DEPARTMENT OF HEALTH

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For (1/1)		02977 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
		CERTIFICATE OF DEATH 02962
( 14 24		CEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR
ocath.	(1	ype or print) LOUIS FRANK BULLEN FER Month Day Year M
	3. SE:	X 4 RACE S. DATE OF BIRTH 6. AGE (In years 1 IF UNDER 24 HRS.
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death be retained by the haspital or attending physician.  SIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral e 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 ed with the State Dept. of Health priar ta burial, cremation, or remaval, and in any event, within 72 haurs after death.		N SEPT 30 1891 last birthdoy) YRS. MONTHS DAYS HOURS MIN.
by by hau	7o. B	B. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
d in pers	_	SAVAGE MD 0 SA WIDOWED DIVORCED PRINCE GEORGE Md.
hin 24 filled filled thin 72	10. C	ITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.)  12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)  11b. KIND OF BUSINESS OR INDUSTRY
rbon rbon	10	LAUREL 2306 CLARK RD FOREMAN CHEMICAL
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rifica hysic nal, o	Y	es, no, or unknown) (If yes give war or dates of service) Mrs / Ilda Karpo Balt 29 mg/kg
ceri g pl Their		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
ndin iit.		PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Myocardisl Dufarchion
atte an, c		410, 9 DUE TO, OR AS A CONSEQUENCE OF
t the sit position		Conditions, if any, which gove rise to immediate cause (a), (b) Coronary peclusion
tha an. by rran cren		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF
ires ysici ned ial-1 ial,		lost. (1) coronary exteriosclerosis & Diabeter.
the law requires th attending physician has been signed by se as the burial-tra h priar ta burial, cre		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
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at The or att the har use saith p	CERT	21a. ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY   21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.)
rifico F far	MEDICAL	□ or CONTRIBUTING □ CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M. 19
G PHYSICIA the haspital : this certifical detached fa	MEE	21d INITIDY OCCUPED 21a DIACE OF INITIDY AT HOME FARM STREET FACTORY 1 214 LOCATION Street or D.E.D. No. City or Town
this the beta		While at wark at wark
by the free be controlled		220. I certify that (I) (this hospital) attended the deceased from 4 - 10 , 1964, ta 1 - 16 , 1964, that (I) (we) last
R: A		sow the deceased olive on
OR ATTENI be retained DIRECTOR: A le 3 shauld ed with the		22) SIGNATURE 220 DATE SIGNED
OR OR See The See Wheele See See The See See The See See See The See See The See See The See See The S	8	Dololo Piera John', DEGREE PHYS. DIRECTOR DIRECT
TAL O nay be AL DIR page e filed		22d. PHYSICIAN'S NAME (Type) 22e. ADDRESS
SPII 4 m 4 ER/ far, 1d b		
Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	230.	BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
5-5-2	24	FUNERAL DIRECTOR - // ADDRESS 2SG. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE
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21	= 144	X		CEASED-NAME First	Middle	Lost	2a. DATE OF DEATH	2b. HOUR
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	by the fur Pages 1		3. SE	MALE	4. RACE WHITE	3. DATE OF BIRTH	899 6. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.  MONTHS OAYS HOURS MIN.
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	vithin 24 filled in paper within 72	00	0	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INS	STITUTION (If nat in hospital - 12a. USU) during m	ost of working life, even if retired.)	12b. KIND OF BUSINESS OF CINDUSTRY REPORTS
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	equires that the death certificate be executed vphysicion. signed by the ottending physician and complete buriol-transit permit. Then please remove corburiol, cremation, or removal, and in any event,		10d. Y	es, no, or unknown) (If yes give v		LABLE - MRS. DEROY		Ave, WASHIDC
	ng p The			18. CAUSE OF DEATH (Enter on	ly ane cause per line far (a), (b), ond (c).	)		APPROXIMATE INTERVAL BETWEEN ONSET AND OEATH
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	thut thusit			rise to immediate cause (a),	(b) DUE TO, OR AS A CONSEQUENCE OF	1.0		GYRS,
	equires that the physicion. Signed by the buriol-tronsit buriol, cremot			stating the underlying couse	(c)			
	phy: phy: sign buric	T.S.		PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(a)	
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	OR ATTENDING PHYSICIAN: The law requires the be retoined by the hospital or ottending physicion. DIRECTOR: After this certificate has been signed by ge 3 should be detached for use as the buriol-trailed with the State Dept. of Health prior to buriol, cre	2	CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PE	RFORMED 206. AUTOPSY?  YES NO	20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
	or or or lealt		I CER	21 a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT		21c. HOW INJURY OCCURRED (Ente	r noture of injury in Port 1 or Part 2, I	tem 1B.)
	SICI/ spito spito spito and fe of h		EDICA	(If either, notify medical exami	ner) P.M.			
	PHY ne ho this ce etach Dept		≥	21d. INJURY OCCURRED 21e. While Not while at work	PLACE OF INJURY (AT HOME, FARM, STREET, FAI	TORY.) 21f. LOCATION Street ar R.F.D. Na	. City ar Tawn	County State
	by the fter be d ditote			22o. I certify that (I) (th	is hospital) attended the decease	ed from JUNI- , 194	02 to 23 FED , 19	6 P, that (I) (we) last
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	ATT etoir CTO sho vith			22b. SIGNATURE	A to		22c. C	DATE SIGNED
	OR be r			Vellegen Hoor	no yeary In M	DEGREE PHYS.	AED. STAFF PHYS. D	-23-60
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or ottending physicion.  TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the fur director, page 3 should be detached for use as the buriol-transit permit. Then please remove corban pages. Pages I should be filled with the State Dept. of Health prior to buriol, cremotion, or removal, and in any event, withing 2 hours after		23a.	BURIAL, CREMATION, 23b.		CEMETERY OR CREMATORY RESSIONAL CEM.	23d. LOCATION (City or Town)	(County) (State)
			24.	FUNERAL DIRECTOR M. W.1	(0)(2)		Y REGISTRAR 25b. REGISTRAR'S	SIGNATURE
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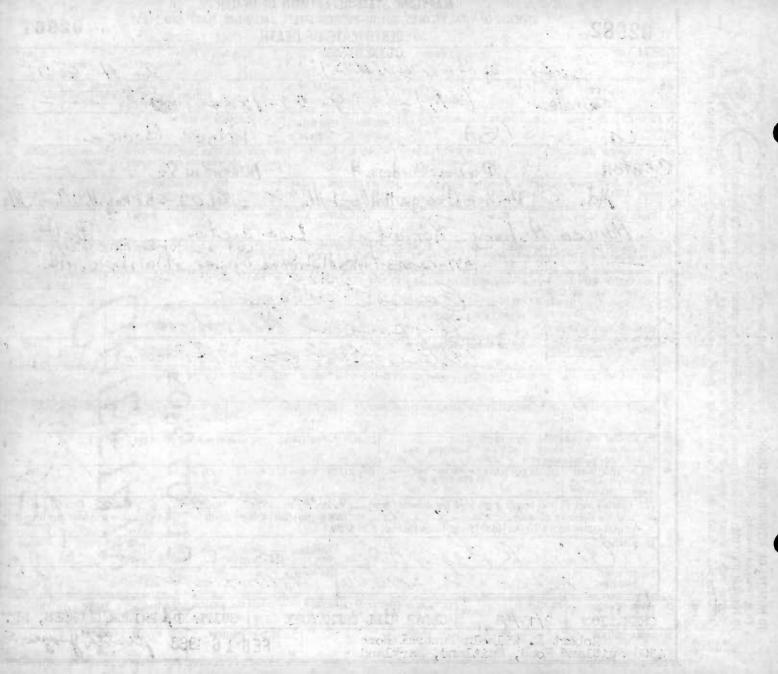


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DIVISION OF VITAL RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02965 HEALTH DEPT. 1. DECEASED-NAME First Middle 2a. DATE KNOWN Manth Day Year (Type or Print) ESTI-Carakoulakis DEATH MATED 2-25-68 19 3 ± 00amm John Tony 36 IF UNDER 24 HRS. 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (In years 2c. DATE PRONOUNCED DEAD 2d HOUR 10/23/22 Month 68,3:10am M Male White 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED countryWest Virginia U. S. A. DIVORCED A WIDOWED [ Prince George's The State 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done | 12b. KIND OF BUSINESS OR give street address) during most of working lite even if retired.) CINDUSTRY 18 Give Prince George Hospital Cheverly death. 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Baltimore 639 Umbra Street. YES X NO l and 2 should be farwarded to the Chief Medical Examiner's Office Item after 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Anthony Carakoulakis Mary DeFillippi 2 pages 17. INFORMANT (Brother) ADDRESS Edgemere, Md. 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. (Yes po or unknown) 215-12-5734 Mr. Frank Carakoulakis. 2609 N. Snyder Ave. File any event within 72 APPROXIMATE INTERVAL be executed 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH IMMEDIATE (AUSE (a) Multiple gun shot wounds DUE TO, OR AS A CONSEQUENCE OF burial-transit Canditions, if ony, which gave rise ta immediate cause (o). certificate shauld writing the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse .⊆ pup PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 remaval, CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES P certificate, NO Tot pe 21g. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY Manth, Day, Year 3 shauld PRIMARY OR CONTRIBUTING HOUR A.M. crematian, 2-25 19 68 Shot by assailant CAUSE OF DEATH 2:40apm 21f. LOCATION Street at R.F.D. Na. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, City or Town County State factory, office building, etc.) FUNERAL DIRECTOR: Page WHILE AT WORK AT WORK 3/12 LOth, Place Colmar Manor. Prince George Co., Maryland 220. I certify that I took charge of the remains described above, held on Autopsy ... Inspection \( \) Inquiry \( \) ond in my opinion director. Notural couses, Accident . deoth resulted from: Suicide . Homicide X Undetermined monner please prior to CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 2-26-68 DEPUTY MEDICAL EXAMINER ealth **EXAMINER'S** ADDRESS(Street, city, town, or county) NAME (Type) John Kehoe MD Riverdale. Md. the 50 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION 23b. DATE 23d. LOCATION (City or Town) (County) 2/29/68 Sacred Heart of Mary Baltimore, Maryland John J. Duda, 7922 Wise Ave. Dundalk, Md. 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Klaries VR A15ME (5) 10M REV. 1/68

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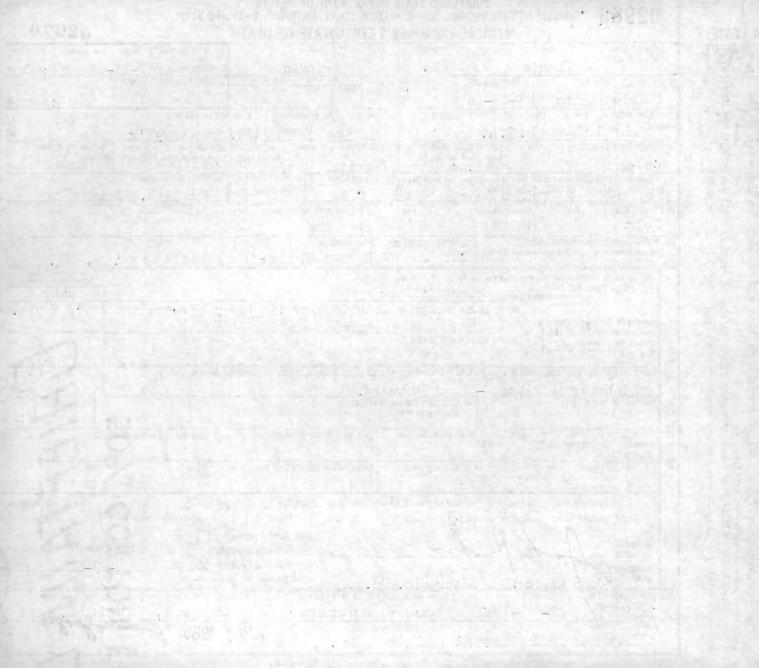
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 32970 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle 2a. DATE KNOWN 2b. HOUR (Type or Print) OF ESTI-DEATH MATED \$2-23-68 0 Nannie H. Criddle 00an Poar delay and 3 t 4. RACE 6. AGE (In years IF UNDER 24 HRS. 3. SEX S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR Mggth 689 9:40am M Female White 9-26-1879 YRS 7b. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (State or fareign MARRIED NEVER MARRIED 9. COUNTY OF DEATH torm Virginia U.S.A. WIDOWED TO DIVORCED [ Prince George's Poges 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR to certificate, writing the ward "pending" in pencil in Item 18. Give Poc should be forwarded to the Chief Medical Examiner's Office olong with give street address)
Prince George Hospital INDUSTRY during most of working lite, even if retired.) Cheverly deoth. 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Prince George Cottage City YES NO 3706 37th. lond 2 ofter 14. FATHER'S NAME First Middle IS MOTHER'S MAIDEN NAME Middle John Hainey Unk hours 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes, no, or unknown) 7706 May Whiteside Cottage City, Md. File event within 72 IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: be executed BETWEEN ONSET AND GEATH IMMEDIATE (AUSE (a) Heart failure minutes DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic heart disease over 5 yrs. Conditions, if ony, which gove rise to immediate cause (a), This certificate should writing the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse 2 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 removal, Diabetes mellitus - over 20 years. 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES [ NO 2 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 1B.) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. buriol, cremotion, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, affice building, etc.) FUNERAL DIRECTOR: Poge WHILE NOT WHILE T 220. I certify that I took charge of the remains described above, held on Autopsy ... Inspection x, Inquiry 🔀 ond in my opinion deoth resulted from: Notified couses , Accident . Suicide Undetermined monner Homicide CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED the funeral ASSISTANT MEDICAL EXAMINER SIGNATURE. DEPUTY MEDICAL EXAMINER 2-23-68 **EXAMINER'S** may NAME (Type John ADDRESS(Street, city, tawn, ar county) Kehoe MD Riverdale, Md. 50 23a. BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) 2-26-1968 Thornrose Cemetery Staunton, Virginia 250. REC'D BY REGISTRINGS 256. ALL STRINGS OF A 24. FUNERAL DIRECTOR Nalley Funeral Home Mt Rainier, Md. VR A15ME (5) 10M REV. 1/68



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

02971

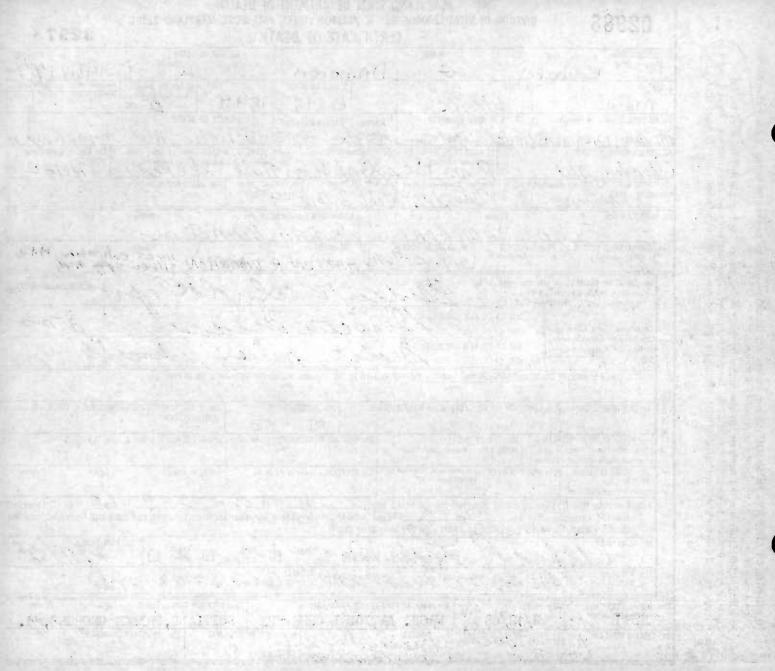
						SEIVIII I CA	IL OI DEAT	11			
24			CEASED-NAME First		Middle		Lost	2o. DATE OF	DEATH		2b. HOUR
and		(1	ype or print)	John	A.	Curti	n Sr	FEb	Month 1 Da	1968 Yeor	10:25
transit permit. Then please remave carbon popers. Jages l cremation, or remaval, and in any event, within 72 haurs after		3. SE	X	4. RACE		S.	DATE OF BIRTH		6. AGE (In years	IF UNDER I YEAR	IF UNDER 24 HR
saf		7.	Male	Caucas	sian		Jan. 31	1, 1910	last birthday) 58 YRS.	MONTHS DAYS	HOURS MI
		70. E	IRTHPLACE (State or foreign 7	b. CITIZEN OF WHAT		8. MARRIED	NEVER MARRIED	9. COUNTY OF			
		cour	washington D C	USA		WIDOWEDXIX		Prince	Georges		
		10. 0	ITY OR TOWN OF DEATH	11. NAM	E OF HOSPITAL OR INS	TITUTION (If not	in hospital 12o.		(Kind of work done	12b. KIND OF	BUSINESS OR
	1+	C	heverly	give stre	et oddresche o . G	en'l Ho	spital durin	g most of working	life, even if retired.)	Constru	ction
		130.	USUAL RESIDENCE (Where deceosed	lived, if institution	: Residence before				REET AND NUMBER	7110 011 11	
	16	odmi	ssion) STATE	Prince (	eorges	Mt. Rai	nier YES	NO □ 300	1 37rd Str	reet	
			ATHER'S NAME First	Middle	Lost		AOTHER'S MAIDEN NAM	ME First	Midule		Lost
	- 1		Joseph	Curti	n		Mary C.	Bailey			
		160.	WAS DECEASED EVER IN U.S. ARMET		b. SOCIAL SECURITY I		ORMANT		Address		
			es, no, or unknown) (If yes give war	or dates dr service)	77 07 598	38	John A Cu	ırtin Jr	Beltsvi	lle, Md	•
			18. CAUSE OF DEATH (Enter only	one couse per line	for (o), (b), ond (c).						MATE INTERVAL INSET AND DEATH
			PART I. DEATH WAS CAUSED !	BY: AC	cute rena	l failu	re.				
			4/29		A CONSEQUENCE OF						
			Conditions, if ony, which gove			erosing	coronary	arterios	clerosis	VA VOIM	
			rise to immediate cause (o),( stating the underlying cause	DUE TO, OR AS	A CONSEQUENCE OF						H 44 H
			last.	(c)		51.50					
			PART 2. OTHER SIGNIFICANT COND	ITIONS CONTRIBUTIN	G TO DEATH BUT NO	OT RELATED TO T	HE TERMINAL DISEASE	OR CONDITION GIVE	IN PART 1(o)		
		N	4201				70 1.150				
	1	CERTIFICATION	190. DATE OF OPERATION 19b. CO	NDITION FOR WHICH	OPERATION WAS PE	RFORMED	20o. AUTOPSY?		YES, WERE FINDINGS ( OF DEATH?	ONSIDERED IN CI	ERTIFYING
	- (	RTIF						, L	Yes		
		AL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF IN HOUR A.M.	IJURY Month Doy Yeor	21c. HOW	INJURY OCCURRED (	Enter noture of injur	y in Port 1 or Port 2,	Item 18.)	
		EDIC	(If either, notify medical examiner	r) P.M.	19					18.00	
		2	21d. INJURY OCCURRED 21e. Pl	LACE OF INJURY (AT	HOME, FARM, STREET, FAC FICE BUILDING, ETC.	TORY,) 21f. LOCA	TION Street or R.F.D	. No. City	ar Tawn	County	State
			While Not while of work of work								
			22a. I certify that (1) (this saw the deceased alive	haspital) attend	ded the decease	d fram Li	hat in (mar)	9_68_, to_Fr	2b. 1, 19	68, that	* (we) lo
			causes stated above,	F) (we) (did) (a)	view the	bady after de	ath.	apinian deam c	ccorred an the ac	ne and naur	ana irom i
			22b. SIGNATURE	10 ( -/(/(-	0					DATE SIGNED	
			No	enan	am	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS. XXX	2-1	-68
	-	Н	22d. PHYSICIAN'S	-	0	7 7 7	22e. ADDRESS	Service.	-	412 314	
			NAME (Type)	omas Hern	andez. M	D.	Prince C	Georges G	eneral Hos	pital	
		23o.	BURIAL, CREMATION, 23b. DA			CEMETERY OR CR			N (City or Town)	(County)	(Stote)
			Burial Feb	5, 1968		ivet Cer			shington D	. C.	
(4	)	24.	FUNERAL DIRECTOR	е	ADDRESS	21.2		'D BY REGISTRAR	2Sb. REGISTRAR'S	SIGNATURE	267
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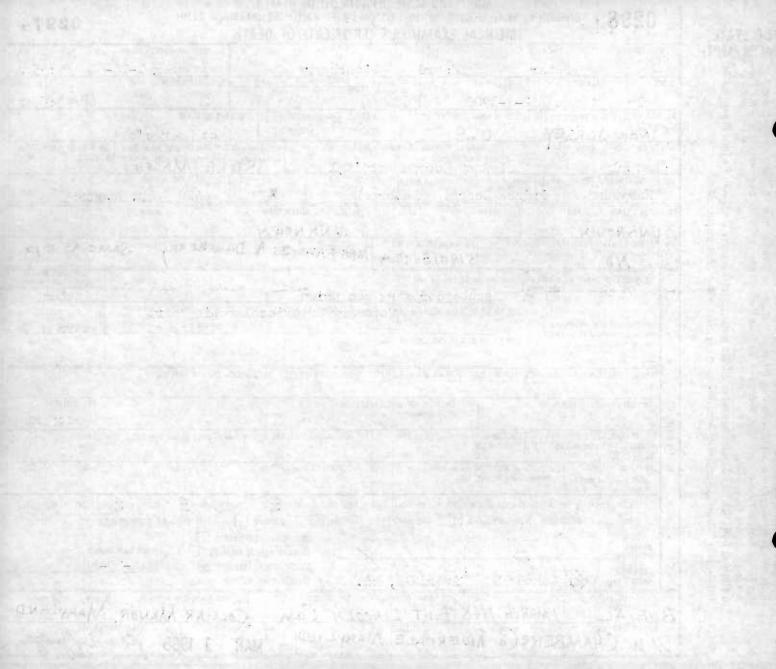
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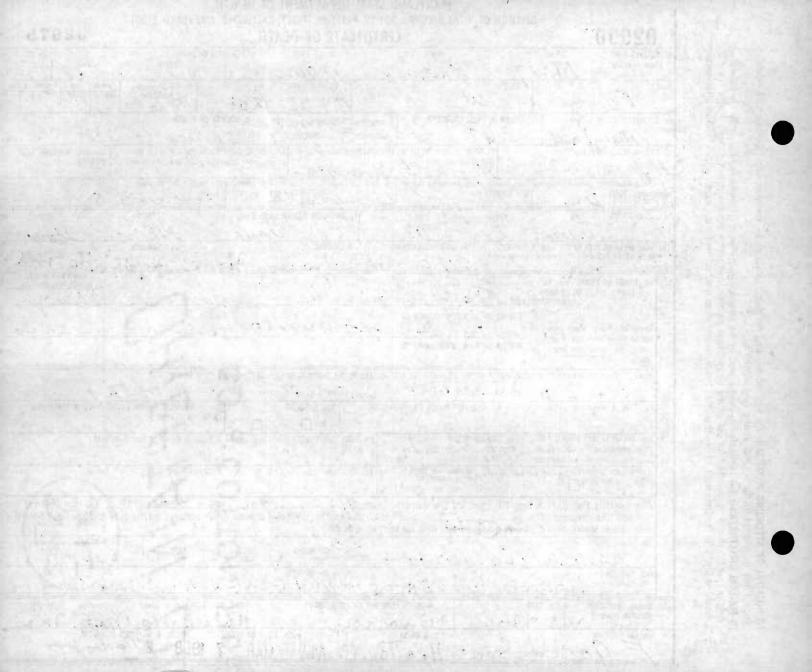
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MARYLAND STATE DEPARTMENT OF HEALTH 02988 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02973 CERTIFICATE OF DEATH Middle Last 1. DECEASED-NAME First 2g. DATE OF DEATH requires that the death certificate be executed within 24 hours after death burial-transit permit. Then please remove carban papers. Pages { a**nd** surial, crematian, or removal, and in any event, within 72 hours after death Month (Type or print) Edward Ameron 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR 6. AGE (In years IF UNDER 24 HRS last birthday) OAYS HOURS Male YRS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED campletely filled in WIDOWED KT DIVORCED [ 10. CITY OR FOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during most of working life, even ibretired.) INDUSTRY 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY YES NO 14. FATHER'S NAME First Middle Last 1S. MOTHER'S MAIDEN NAME First Middle 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 11405 columbia, Pike 16b. SOCIAL SECURITY NO Yes, no, or unknown) (If yes give war or dates of service) 1B. CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) BETWEEN ONSET AND GEATH signed by the burial-transit p Conditions, if ony, which gave ) rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) Page 4 may be retained by the haspital ar attending directar, page 3 should be detached far use as the shauld be filed with the State Dept. af Health priar ta 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING FUNERAL DIRECTOR: After this certificate has CAUSES OF DEATH? NO 🗌 YES -21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M. (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote While Nat while at wark 22a. I certify that (1) (this haspital) attended the deceased from 1-29 \_\_, 19\_/2X, ta\_ 1962, and that in (my) (our) apinian death accurred an the date and haur and fram the saw the deceased alive an\_\_\_\_ causes stated abave, (I) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. STAFF DEGREE DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) BREMOVAL (Specify) WASH. NATIONAL CEMETERY 9 SUITIAND PRINCE GEORGES . Md. 2Sa. REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 30M REV. 1/68





1	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
		02930 CERTIFICATE OF DEATH 02975
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er death funerol 1 ond 2	1. (	ECEASED-NAME First Middle Last , 2a. DATE OF DEATH Type or print)  Manth Day Year 2b. HOUR  A 29 68 1/ P M
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e execute and comp remove n ony eve	14.	FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle Last
e be	140	WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT Address
OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 baurs after death be retained by the hospital or attending physician.  INECTOR: After this certificate hos been signed by the ottending physician and completely filled in by the funeral e.3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 22 death the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death		(es, na, ar unknown) (If yes give war or dates of service) 579-60-0343 Munaucy Home - Hyalbuillo in &
he death cer ottending F permit. The		18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).)  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
eaff endi nit.		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Preumoma I day
officer, officer, on,		
the the notice		Canditions, if any, which gave rise to immediate cause (a), (b) Parkinson direct relies years
equires tho physician. signed by buriol-fron buriol, crer		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
ires ysic ned riol- riol,		lost. 250 x (c)
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ding ding the or to	NO	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
IAN: The low re tol or attending ficate hos been s for use as the k Health prior to k	CERTIFICATION	YES NO CAUSES OF DEATH?
AN: al or cate or u		21a. ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY   21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.)
SICI Spitch Spitch ed the	MEDICAL	(If either, natify medical examiner) P.M. 19
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the Page 4 may be retained by the hospital or attending physician.  O FUNERAL DIRECTOR: After this certificate has been signed by the director, page 3 should be detached for use as the buriol-tronsit should be filed with the State Dept. of Health prior to buriol, cremate	>	21d. INJURY OCCURRED While Not while at wark 2 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State
ING by t ffer be o		220. I certify that (I) (this-hospital) attended the deceased from 7/20, 1966, to 2/29, 1968, that (I) (we) last
OR: A ould ould the S		saw the deceased alive an 1968, and that in (my) (our) opinion deoth accurred on the date and hour and from the causes stated above, (1) (with (did) (did not) view the body ofter death.
OR AID BECTIFIECT		22b. SIGNATURE/  DIAPER DEGREE PHYS.  ATTENDING MED.  STAFF DIRECTOR DIRECT
AL AL O		22d. PHYSICIAN'S 22e. ADDRESS
TO HOSPITAL Page 4 may k TO FUNERAL D director, page should be file		NAME (Type) HAROLD W. DRAPER M.D. 986/ GEORGIA AVE; Silver Spring, his
Page direct	230.	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State)  SEMOVAL (Specify) 3 17 68  County) (State)  County) (State)
		FUNERAL DIRECTOR ADDRESS 250, REC'D BY REGISTRAR 250, REGISTRAR'S SIGNATURE
VR A15 44 30M REV. 124		F. Gaschs Sons Hyaltsville, Md DATE MAR 7 1968 golvanles Judge



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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						EKIIFICA	ATE OF	DEATH					
		ECEASED-NAME	First		Middle		Last		2a. DATE OF				2b. HOUR
	(1	Type ar print)	(1)		C	ſ	) e e k	Sr.	Feb	Month 9	Day 6	Year	72041
	3. SE		4. RACE	1 /	70.5	19	. DATE OF BII			6. AGE (In years		DER 1 YEAR	IF UNDER 24 HRS.
	/	nole	4	white			12-	24-8	9 -	last birthday)	YRS. MONT	HS DAYS	HOURS MIN
		BIRTHPLACE (State ar fareig	n 7b. CITIZEN	OF WHAT CO	OUNTRY?	8. MARRIED	1 NEVER MARI	RIED	. COUNTY OF	DEATH			
	caun	Virsing	1	15.4.		WIDOWED		CED 🗀	Princ	e Geor	425	Copin	tv M
	10. C	CITY OR TOWN OF DEATH			F HOSPITAL OR INST	TITUTION (If nat	in haspital	12a. USUAL	OCCUPATION	(Kind of work d	one 12		BUSINESS OR
90	6	preenbelt		give street o	belt Con	valesce	it Cent	Ling me	st at warking	life, even if retir	ad.)	COU E	RMENT
	13a.	USUAL RESIDENCE (Where dission) STATE	deceased lived, if	institution: Re	esidence befare	13c CITY OR T	OWN	13d. INSIDE CITY LIM		REET AND NUMBE			
6	Guilli	issidil) STATE MQ.	130. 00	OUNTY P. C	· ·	Rivera	rale	YES NO	47/	2 Olive	r J7.		
1	14. F	FATHER'S NAME First	M	liddle	Last	15.	MOTHER'S MA	IDEN NAME Fir	rst	Midd	е	1 ,	Last
		Bernar	of G		Deck			Ode	1/2		6/	e Hu:	S.
		WAS DECEASED EVER IN U.			SOCIAL SECURITY N		ORMANT	10	1	Addre		Cal	
	-	Alperon 10	es give war or dates of se 108 - 19	10 21	5-54-50	51 MK	5. Robe	17 20	1/or - 4	3/3 /uch	erma.	n ST	
		18. CAUSE OF DEATH (En		e per line far	(a), (b), and (c).)			, ,		Rive	rdale	BETWEEN ON	ATE INTERVAL ISET AND DEATH
		PART I. DEATH WAS	CAUSED BY: AMEDIATE CAUSE (	a)	Calif.	uan		me	elan	once		84	can
		1127		O, OR AS A C	ONSEQUENCE OF							/	
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		stating the underlying c		O, OR AS A C	ONSEQUENCE OF						- 1		
		last. 1909	,	(c)				•					
		PART 2. OTHER SIGNIFICAN	NT CONDITIONS CO	ONTRIBUTING 1	TO DEATH BUT NO	T RELATED TO		DISEASE OR CO	ONDITION GIVE	N IN PART I(a)			
	NO	ancero	volero	Tre 1	was	Mis	ean		Leat is	MES MISSE SIMPLE	100 0011010		0.000
	STE	19a. DATE OF OPERATION	196. CONDITION	FOR WHICH OF	PERATION WAS PER	FORMED	20a. AUTO			YES, WERE FINDING OF DEATH?	IG2 CONZID	DERED IN CE	RIIFYING
	CERTIFICATION	21a. ACCIDENT WAS UND	EDIVING TOTAL	TIME OF INDIO	DV	Let 1101	YES 🗀	NO 🗌			. 0 1	101	
X	AL C	OR CONTRIBUTING CAUSE		TIME OF INJUI	nth Day Year	21c. HOV	V INJURY OCC	UKKED (Enter	nature at inju	ry in Part 1 ar Pa	rf 2, Ifem	18.)	
	VEDIC	(If either, natify medical of		P.M.	19	000 1 036 106	ATION C	DED N	£11	-			- C
	~	21d. INJURY OCCURRED While Nat while	21e. PLACE OF I	NJURY (AFFICE	ME, FARM, STREET, FACT BUILDING, ETC.	OKT.) 211. LOC	ATTON Stree	ar R.F.D. Na.	City	ar Tawn	Cai	unty	State
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		22a. I certify that ( saw the deceas	ed alive an	166 V	the decease	a tram sze	that in (m)	/) (aur) apin	ian death	accurred on th	e date a	, inai nd haur a	(1) (we) las
		causes stated a	bave, (I) (we	) (did) (did 1	not) view the b	ady after de	eath.	,, (33., 35		2001100 011111	o dato di	na naor a	
		22b. SIGNATURE	n.		1,	^	ATTENDIN	G ME	D —	STAFF -	22c DATE	SIGNED	1000
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	23a.	BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 2/12/68		23c. NAME OF C		REMATORY			ON (City or Town) shington		ounty)	(State)
	1	/U131 CL	2/12/00	,	ADDRESS	TIVEL		OC- DECID BY		STITTING COTT			1000
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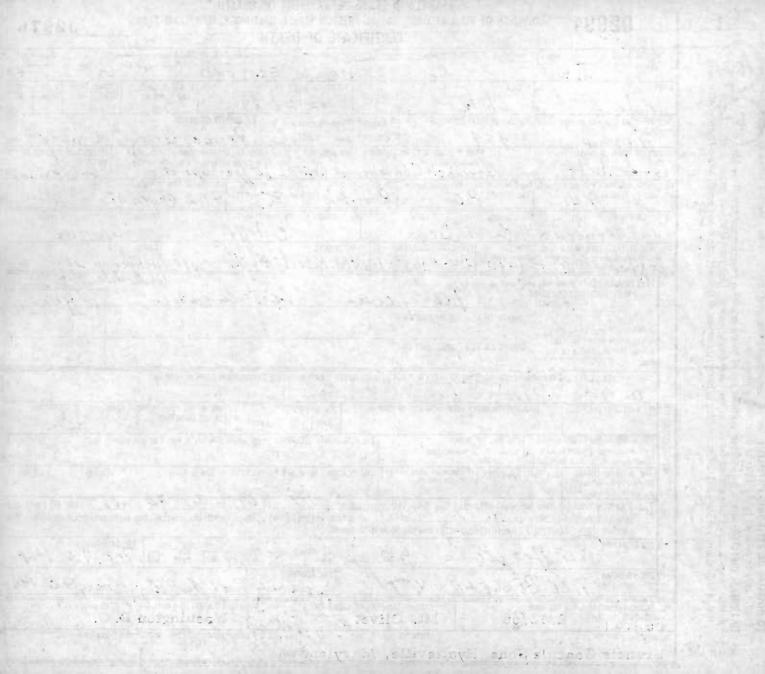
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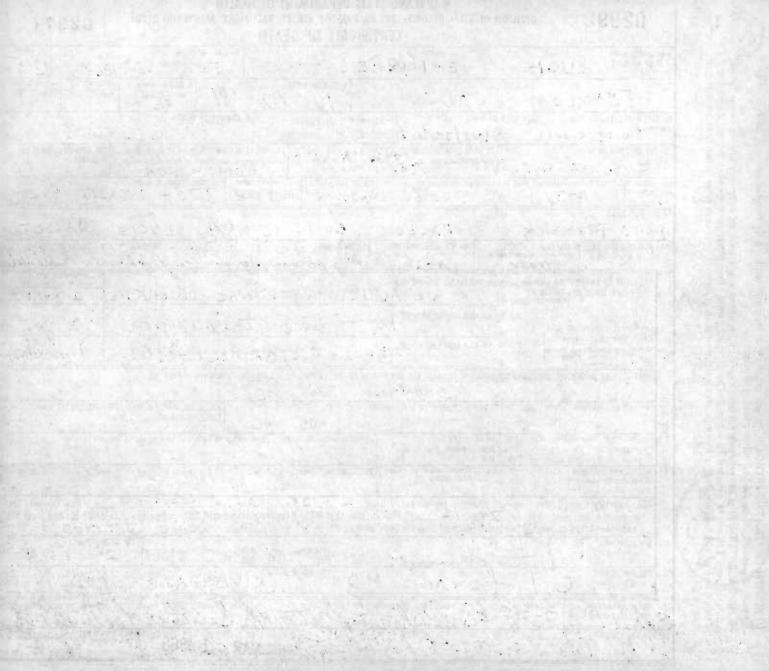
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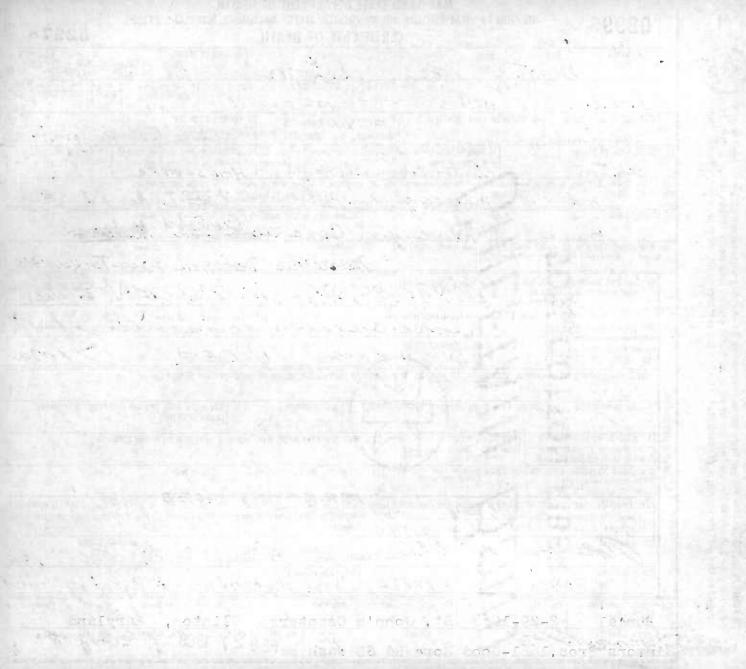
**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the fundirector, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Bages shauld be filed with the State Dept. af Health prior to burial, crematian, or removal, and in any event, within 72 hours after

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

Page 4 may be retained by the hospital ar attending physician.



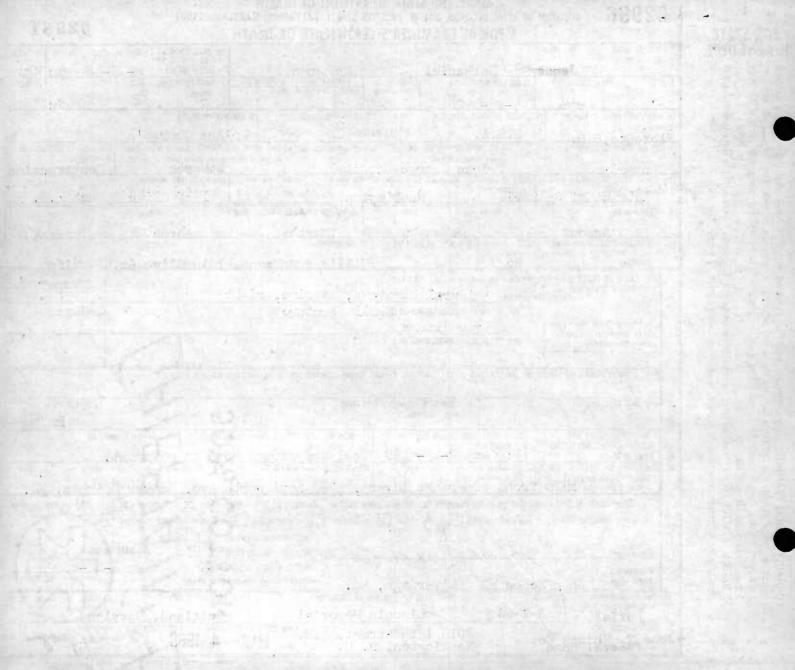


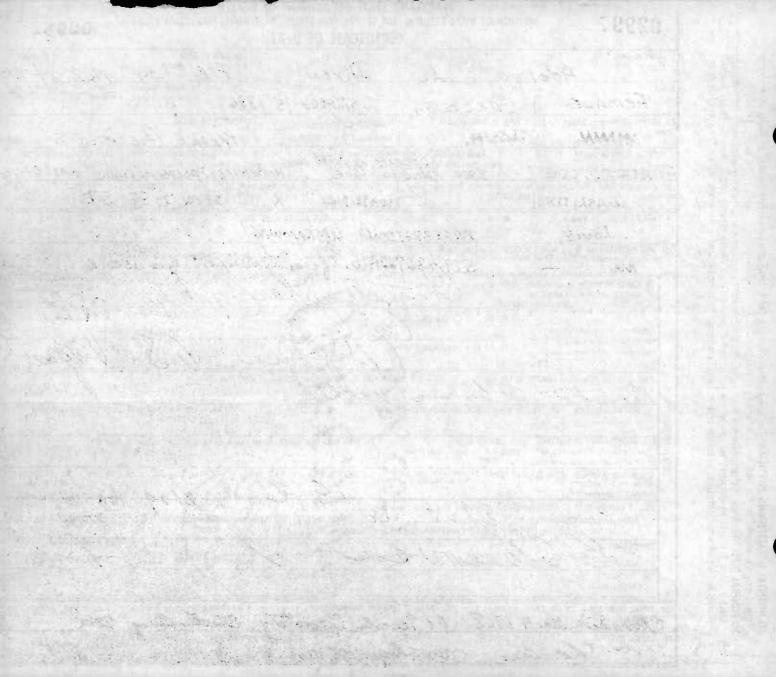


MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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#### MARYLAND STATE DEPARTMENT OF HEALTH

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(Type or print)	irst Middl tella	e Lo A Down		o. DATE OF DEATH  Month Do  Feb.	Yeor 68	2b. HOUR 6.00A
SEX Female	4. RACE White		F OF BIRTH  3 July 1880	6. AGE (In years last birthday) YRS.	1F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS
o. BIRTHPLACE (Stote or foreign ountry)  Indiana  O. CITY OR TOWN OF DEATH  Everly	give street oddress)	8. MARRIED NEV WIDOWED AL OR INSTITUTION (If not in hos	DIVORCED	Prince Georges CCUPATION (Kind of work done of working life, even if retired.)	12b. KIND OF	N BUSINESS OR
Bo. USUAL RESIDENCE (Where dec dmission) STATE Narylan 4. FATHER'S NAME First	eosed lived, if institution: Residence	before 13c. CITY OR TOWN  Cheverly	13d. INSIDE CITY LIMITS? YES NO ER'S MAIDEN NAME First	TOOL BIREEL FILE HOMBER	ose Ro	ad lost
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21d. INJURY OCCURRED 2	TIE. PLACE OF INJURY (AT HOME, FARM,	STREET, FACTORY.) 21f. LOCATION	Street or R.F.D. No.	City or Town	County	Stote

(Stote)

saw the deceased alive on

22b. SIGNATURE

22d. PHYSICHAN'S

24. FUNERAL DIRECTOR

21d. INJURY OCCURRED
While Not while of work

21e. PLACE OF INJURY 22a. I certify that (1) (this hospital) attended the

deceased from\_ 19 \$ , c and that in (my) (our) epinian death occurred on the date and haur and fram the causes stated abave, (1) (we) (did (did nat) view the bady after death

ATTENDING PHYS. DEGREE

22e. ADDRESS

MED. DIRECTOR

PHYS

LOCATION (City or Town)

22c. DATE SIGNED

(County)

NAME (Type) 230. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE Feb 8, 1968

Gasch's Sons

5 5 حع

23c. NAME OF CEMETERY OR CREMATORY Ridgeville Cemetery
Hyapttsville, Md.

250. REC'D BY REGISTRAR
DAFEB 8 15

Ridgeville Randolph Indiana

2Sb. REGISTRAR'S SIGNATURE

VR A15 (4) 30M REV. 1/68

director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar to burial, cremation, or remayal, and in any event, within 72 hours after death.

**O FUNERAL DIRECTOR:** After this certificate has been signed by the attendir director, page 3 shauld be detached far use as the burial-transit permit.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 39005 1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR (Type or print) Month Yeor 1968 Margaret CAOWN Dugan Feb. 6:15 4 RACE 6. AGE (In years 3. SEX S DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS. papers Pages 1 hin 72 hours after lost birthdoy) DAYS HOURS White 7-25-84 Female 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED led in country) Virginia WIDOWED T DIVORCED | Prince George's 12o. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR give street oddress)
Prince Geo. Gen'l Hospital during most of working life, even if retired.) INDUSTRY remave carban and in any event, wit Cheverly own home 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 113c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER requires that the death certificate be executed odmission) STATE Prince George's YES NO Hvattsville 7200 Md. Blvd. 14. FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle Lost Henrietta Willix 0. Gordon physician a 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, of unknown) (If yes give war or dates of service) crematian, ar removal, Florence D 7200 Maryland Blud 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: permit. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove signed by the burial-transit p rise to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse burial PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) far use as me u fHealth priar to b as the has been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 20o. AUTOPSY? CAUSES OF DEATH? NO Se YES 🗔 TO FUNERAL DIRECTOR: After this certificate I director, page 3 should be detached for us should be filed with the State Dept. of Health be retained by the haspital ar 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH Month Doy Yeor HOUR A.M. (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. Stote City or Town County While Not while of work 1968 to 220. I certify that (I) (this hospital) attended the deceased from 2/21 saw the deceased glive on 2/21 19 68 and that in 68 and that in (my) (our) opinion death occurred on the date and hour and from the sow the deceased olive oncouses stoted obove, (1) (we) (did) (did not) view the body ofter deoth. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR DEGREE PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Arlington National Cem. Arlington Virginia 250 RECD BY REGISTRAP 68 256 REGISTRAP'S FIGNATURE Ylen Carter VR A15 (4) 30M REV. 1/68 Pumphrey Inc. 8434 Ga. Ave.

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MAKTLAND STATE DEPAKTMENT OF HEALTH

IF UNDER 1 YEAR

**INDUSTRY** 

DAYS

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

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(Stote)

2b. HOUR

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HOURS

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 ·3002 CERTIFICATE OF DEATH DECEASED-NAME Middle Lost 2g. DATE OF DEATH First (Type or print) Month Henry Ebe. Feb 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years last birthday) 9/14/95 Male Caucasian 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED KNEVER MARRIED NEW VERSEY WIDOWED [ DIVORCED Prince Georges

120. USUAL OCCUPATION (Kind of work dane 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (if not in haspital give street oddress) during mast of working tite, even if retired.)
WINDOW IRIMMER Cheverly Prince Geo. Gen'l Hospital
130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY
Prince Georges YES NO T 6626 Ronald Road Dist Hots Maryland 1S. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle BARBARA UNKNOWN UNKNOWN 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT (If yes give war or dates of service) Yes, po, or unknown) UNKNOWN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardiae arrhy DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause in metastasis PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a -janevinearus 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examiner) HOUR A.M. Manth Day P.M. 21e. PLACE OF INJURY (AT HOME, EARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town While Nat while at wark 22a. I certify that (1) (this haspital) attended the deceased from <u>Jan. 21</u>, 19.68, ta <u>Feb. 9</u>, 19.68, that (1) (we) last saw the deceased alive an <u>Feb. 9</u>, 1968, and that in (xxx) (aur) apinian death accurred an the date and haur and from the saw the deceased alive an Feb. 9 1968, and that causes stated abave, (t) (we) (did) (didsout) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR PHYS.

23c. NAME OF CEMETERY OR CREMATORY

director, page 3 shauld be detached for use as the shauld be filed with the State Dept. af Health priar ta O FUNERAL DIRECTOR: After this certificate VR A15 (4) 30M REV. 1/68

22d. PHYSICIAN'S

NAME (Type)

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attending physician operate

signed by the burial-transit p

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Page 4 may be retained by the haspital ar attending

burial, crematian, ar removal, and in any event, within 72

23a. BURIAL, CREMATION, REMOVAL (Specify) WASHINGTON ATIONAL 24. FUNERAL DIRECTOR

23b. DATE

Riccardo Franchi, M. D.

22e. ADDRESS

DUITLAND 2SB. REGISTRAR'S SIGNATURE

(County)

County

2So. REC'D BY REGISTRAR Laven DATE FF

23d. LOCATION (City or Town)

Prince Georges General Hospital

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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CERTIFICATE OF DEATH

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death death	T	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission)
	4	O. COUNTY PRINCE GEORGES MARYLAND	O. STATE MARYLAND b. COUNTY PRINCE GEORGES
24 hours ofter and in by the fur pers. Pages 1 72 hours after	1	b. CITY OR TOWN (If outside comprote limits   C IENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town)
hours hours . Page hours	1	write RURAL and give neorest town) Hy ATTS VILLE  DOA.	
hou hou	-	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress)	
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S venide	S.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	& DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
icote be executivisician ond completes remove i, and in any ever	Ι.	MALE WHITE WIDOWED DIVORCED W	9/20 (20   lost birthdoy) Months Doys Hours Min.
physician ond control of the phase remoonly and in any ovol, and in any ovol,	100	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT
cian cian ease	dur	ng most of working life, even if retired)  AAL CARRIER POST SPECE	NEW YORK COUNTRY? U.S.
ficol ysic ple ple		FATHER'S NAME	14. MOTHER'S MAIDEN NAME
requires that the death certificate be executed withing physicion.  I signed by the attending physician and completely fine burial-transit permit. Then please remove carbon po burial, cremation, or removal, and in any event, within		ARTHUR R. ERICKSON	MARGARET ECKES
ding rem	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT RENDETH M. ERICKSON - DESCRIPTION
dea frmit rmit	(11	s, no, or unknown) (If yes give wor or dates of service)	PATIENT EX DUDLEY DR BERGENFIELD
at the death cer the attending p nsit permit. The mation, or remo		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). 1/20	INTERVAL BETWEEN
that the on. by the transit cremat		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) COR ON ARY	OCCLUSION ONSET AND DEATH
d by		4109 DUE TO	
equires that thy physicion. signed by the buriol-transit burial, cremat		Conditions, if ony, which gove rise to immediate couse (a). (b) Co Ro NARcy	ATHEROSCIEROSIA 34EARS
req g p n si e bi		stoting the underlying couse DUE TO	
The law re ottending hos been se as the h prior to		lost. (c)	
he otte	3	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	
a die	B	4201 OBESITY PERIPHERAL	ATHERO SCLEROSYS YES NO IT
YSICIAN: ospitol or certificate hed for u	CERTIFICATION	206. ACCIDENT WAS UNDERLYING ☐ 206. DESCRIBE HOW INJURY OCCURRED. OR CONTRIBUTING ☐ CAUSE OF DEATH	(Enter noture of injury in Port I or Port II of item 18.)
vsp osp cert cert hed		(IF EITHER, NOTIFY MEDICAL EXAMINER)	
ATTENDING PHYSICIAN stained by the hospitol (CTOR: After this certifical should be defoched for ith the State Dept. of He	MEDICAL		CE OF INJURY (Home, form, lory, street, office bldg., etc.) (City or town) (County) (Stote)
by the fler the deed by the deed deed deed deed deed deed deed	×	p.m. 19 at work 🔲 at work	
NDI d b d b d b		21. I certify that (I) (this hospital) attended the deceased fram_	2/10, 1966, ta 2 (20, 1968, that (1) (we) last
ATTENI stained CTOR: A should ith the		saw the deceased alive an 2 (20 19 68, and that 220. SIGNATURE	t death accurred at 6 40PM, fram causes and an the date stated abave
OR ATTENIE be retained DIRECTOR: A ge 3 should ed with the			ATTENDING MED. STAFF 22b. DATE SIGNED  DIRECTOR DHYS 72/20/6 8
L OR be r be r be r blied v		22c PHYSICIAN'S	1 224 ADDRESS
SPITAL 4 may IERAL or, pag d be fi		22c. PHYSICIAN'S NAME (Type) TAMES A. ROBERTS	8907 GEO, AUE. SIL VER SPRING, MD,
e 4 bulle	230		CREMATORY 23d. LOCATION (City or Town) (Coppty) (Stote)
TO HOSPITAL OR ATTENDING Page 4 may be retained by to FUNERAL DIRECTOR: After director, page 3 should be should be filed with the State		BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR PROVIDE SUFFERING SUPERIOR SUPERI	Cornetton Colynge Mener on Ken mis
A	24	FUNERAL DIRECTOR	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR A15 (4) 25M 1/67	11	Multilles celestimentes a Cz	CONTESTED 23 1968 Actionles Judges

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r	om Mrs Mizer 4-DIVISION OF VITAL RECORDS 301 W PRESTON STREET RAITIMORE MARYLAND 21201
	03004 CERTIFICATE OF DEATH
	DECEASED-NAME First Middle Last 20. DATE OF DEATH 2b. HOUR (Type ar print) LIBBY ERSHAFSKY 2 Manth 2 / Doy 68 Year 6 B PM
3. S	4. RAČE  5. DATE OF BIRTH  12-25-83  6. AGE (In years if under 1 year if under 24 Hrs.  MONTHS DAYS HOURS MIN  YRS.
7o.	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED PRINCE GERGE MA
C	CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in Riospital during most of working life, even if retired.)  LINTON MD  11. NAME OF HOSPITAL OR INSTITUTION (If not in Riospital during most of working life, even if retired.)  LINTON MD  12. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)
13a. adm	. USUAL RESIDENCE (Where deceased lived, if institution, Residence before 134 CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY 13b. COUNTY 13b. COUNTY 13b. COUNTY 13c. STREET AND NUMBER
14.	FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle Lost  BELSON ROSE  Middle Lost
	N. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, arunknown) (If yes give war ar dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT MITS. Guelly & Levin Address 191-29-6102A (DALIGHTER) FAULKHEB, MP.
	18. CAUSE OF DEATH (Enter only ane cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Cardio vascellar Collago.
	Conditions, if any, which gave )  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave )
	stating the underlying cause (c), OR AS A CONSEQUENCE OF  (c) Asterior elevative Card practical desires (c) mis-
z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
TIFICATIO	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? YES NO CAUSES OF DEATH?
	21a. ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY   21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)    OR CONTRIBUTING   CAUSE OF DEATH   HOUR A.M. Manth Day Year (If either, notify medical examiner)   P.M.   19
ME	21d. INJURY OCCURRED While Not while at work a
	22a. I certify that (I) (this hospital) attended the deceosed from 2 /2, 1967, to 2 - 21, 1967, that (I) (we) last sow the deceased glive on 1963, and that in (my) (our) opinion death occurred on the date and hour and from the
	causes stated abave, (I) (we) (did) (did not) view the bady after death.  22b. SIGNATURE  22c. DATE SIGNED  22c. DATE SIGNED  22c. DATE SIGNED
1	22d. PHYSICIAN'S NAME (Type) PLEASED R. LAPIN, M.D. 22e. ADDRESS (11NTON, M.D.
230	BURIAL, (REMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
	FUNERAL DIRECTOR  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  DATFEB 2 3 1968  DATFEB 2 3 1968
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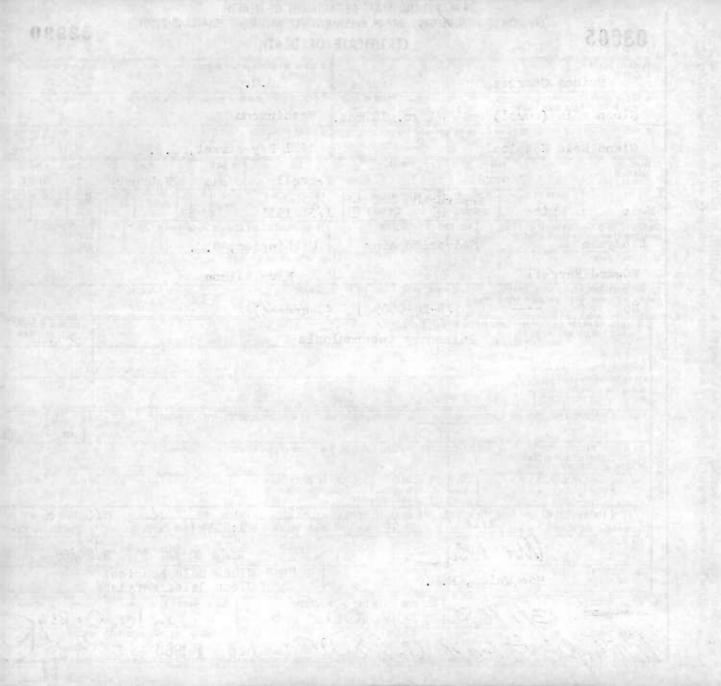
# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

02990

03005

CERTIFICATE OF DEATH

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death.	era bud legi		1. PLACE OF DEATH O. COUNTY		2. USUAL RESIDENCE (	Where deceased lived, if institution	n: Residence befare admission)
100	funeral 1 and er death		Prince Georges	MARYLAND	a. STATE D.C.	b. COUNTY	
of te	at ses		b. CITY OR TOWN (If outside carparate limits, c. LENGTH C	F STAY IN 1b	c. CITY OR TOWN (If ou	rtside carparate limits, write RURA	L and give nearest town)
SE I	Pages hours afte			10 mos.	Washingto		
4	in ers.		d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street odd	'ess)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
PHYSICIAN: The law requires that the death certificate be executed within 24 he haspital ar attending physician.	ician and campletely filled in by the funeral lease remove carban papers. Pages 1 and 2 and in any event, within 72 haurs after death	03	Glenn Dale Hospital		1621 Bay	Street, S.E.	YES NO E
#	₹ PE W	47	DECEACED	ddle	Lost	4. DATE Month	Doy Year
70	arb nt,	2	(Type or print) Edward		Farrell	OF DEATH Februa	ary 26 1968
ute	mp /e c	-	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER	MARRIED 8	B. DATE OF BIRTH		IF UNDER 1 YEAR   IF UNDER 24 HRS.
exec	d ca				1/31/1911	57 yrs.	Manths Days Haurs Min.
pe	and rem	X 1	10a. USUAL OCCUPATION (Give kind af work dane during most of working life, even if retired)  10b. KIND OF BUSINES INDUSTRY	S OR	11. BIRTHPLACE (County	& State, ar fareign country)	12. CITIZEN OF WHAT COUNTRY?
te	ysician or please al, and ir	944	Handyman Salvation	Army	Washingto	n. D.C.	USA
iji	lysi ol,		13. FATHER'S NAME		14. MOTHER'S MAIDEN I		
cert	signed by the attending phys burial-transit permit. Then p burial, crematian, ar remaval,		Edward Farrell		Mary S	almon	
÷	attending sermit. T an, ar ren		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, or unknawn) ((If yes give war ar dates af service)	Y NO. 17. IN	NFORMANT	Address	
dec	attend permit. ian, ar r		No ==== 579-24-0	009	(Decedent)		
the	t pe		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (	c).)			INTERVAL BETWEEN
at .	signed by the burial-transit burial, cremat		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g) Pulmonary	tubercul	osis		ONSET AND DEATH
s =	d b		0/19 DUE TO				
uire 1ysi	gne	10	Canditions, if ony, which gave ) (b)				
req g pl			rise to immediate cause (a), stating the underlying cause DUE TO				
The law requires that attending physician.	e has been use as the alth priar to		lost. (c)				
te le	has be as as h		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO TE	HE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
二 5	use alth	2	20a. ACCIDENT WAS UNDERLYING  20b. DESCRIBE HOW IN  CONTRIBUTING CAUSE OF DEATH CONTRIBUTING CAUSE OF DEATH CONTRIBUTING CAUSE OF DEATH				YES NO NO
AND	fical for He		20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW IN	JURY OCCURRED. (I	Enter noture of injury in	Part I ar Part II of item 18.)	
S PHYSICIAL the haspital	certificate hed for u						
PHY by	this cer detache e Dept.		20c. TIME OF INJURY Manth, Day, Year Hour o.m. 10 While Nat Whi		E OF INJURY (Hame, farm		(County) (State)
			Hour o.m. p.m.  19 White Nat White at wark		ary, street, affice bldg., etc.)		
ATTENDING etained by th	After J be Star		21. I certify that (1) (this haspital) attended the dec	eased from	4/22 ,1	9 <u>66</u> , to <u>2/26</u>	_, 19 <u>68</u> , that (#) (we) last
I EN	aufo			<u>ੂਠ ,</u> and that	death occurred at	9:25AM, fram causes an	nd on the date stoted above
OR ATTENI	DIRECTOR: A ge 3 shauld led with the S		220. SIGNATURE Met Men		ATTENDING	MED. STAFF	22b. DATE SIGNED
	DIR Je		M. DINGGIANG	M.D.	PHYS.	MED. DIRECTOR STAFF PHYS.	2/26/68
SPITAL 4 may	AL pa	1	22c. PHYSICIAN'S MAME(Type) Moe Weiss, M.D.		0	lenn Dale Hospi lenn Dale, Mary	tal
DSP 4	ctor		23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME	OF CEMETERY OR C		23d. LOCATION (City or Town	
O HOSPITAL Page 4 may	ro FUNERAL DIRECTOR: A director, page 3 shauld shauld be filed with the		3/1/68 m	X Ol	12.08	1 1 2 0 1	1. 0 (5)
-	=		24. FUNERAL DIRECTOR ADDR	ESS OO	2Sa. REC'E	BY REGISTRAR 25b. REGIS	STRAR'S SIGNATURE
VR 25	R A15 (4) SM 1/67		Mallendy 13/-1/16 Ct.	8.5.1	DATE AL	AR 1 1968 #	charles just



# 03006

ond completely filled in by the funeral remove carbon papers. Pages 1 ond

requires that the deoth certificate be executed within 24 hours

attending physicion.

by the hospital or

Poge 4 moy be retained

O HOSPITAL OR ATTENDING PHYSICIAN: The law

the

Po

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02991 CERTIFICATE OF DEATH Middle 20. DATE OF DEATH 1. DECEASED-NAME First Lost 2b. HOUR death. (Type or print) Mary Ferguson Frances signed by the attending physicion ond completely filled in by the fur buriol-tronsit permit. Then please remove carbon papers. Pages 1 buriol, cremotion, or removol, ond in any event, within 72 hours after 3. SEX 4 RACE S DATE OF BIRTH IF HNDER 1 YEAR IF LINDER 24 HRS. 6. AGE (In years lost birthday) OAYS HOURS White Feb. 17, 1893 Female 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED T NEVER MARRIED country) Prince Georges U.S.A. WIDOWED | DIVORCED [ 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Home Housewife INDUSTRY Nursing Hvattsville 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Washington YES X NO T 1515 R.I. Ave N.E. 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Lost Martha Brashear John L. Bateman 16o. WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes, no. or unknown) (If yes give war or dates of service) 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, no, or unknown) Raymond L. Ferguson Same as None APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND GEATH IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) director, page 3 should be detached for use as the shauld be filed with the State Dept. of Health prior ta CERTIFICATION 190. DATE OF OPERATION 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH YES [7 NO DO 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County While Not while of work 22a. I **certify** that (I) (this hospital) attended the deceased from 1-27, 1966, ta 2-4 saw the deceased alive an 2-3 1966, and that in (my) (our) apinian death accurred a \_1962, and that in (my) (eur) apinion death accurred an the date and hour and fram the causes stated abave, (I) (we) (did) (did nat) view the bady after death 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR STAFF PHYS.

TO FUNERAL DIRECTOR: After this certificate has been VR A15 (4) 30M REV, 1/68

22d. PHYSICIAN'S NAME (Type)

Lee Funeral Home

23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23o. BURIAL, CREMATION, REMOVAL (Specify) 2-7-68 Congressional Cem. 24. FUNERAL DIRECTOR

Harold F. McCann

Washington, D.C.

2So. REC'D BY REGISTRAR

3355 16th St.

DATEFR

PHYS 22e. ADDRESS

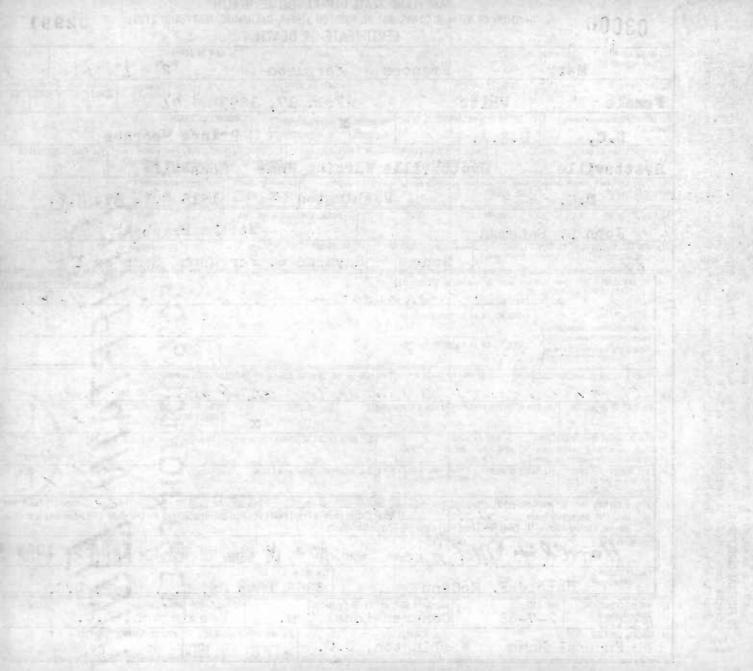
23d. LOCATION (City or Town)

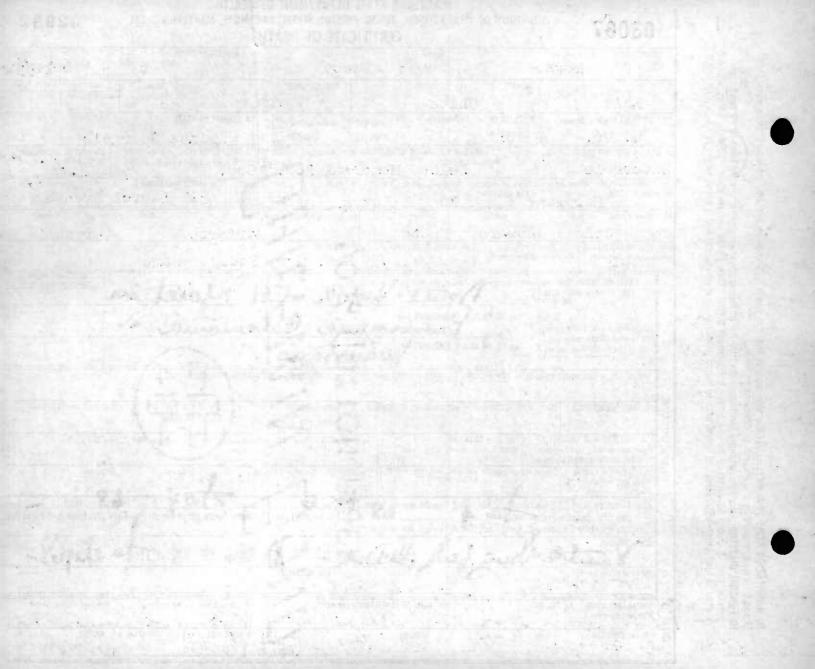
Washington, D.C. 2Sb. REGISTRAR'S SIGNATURE

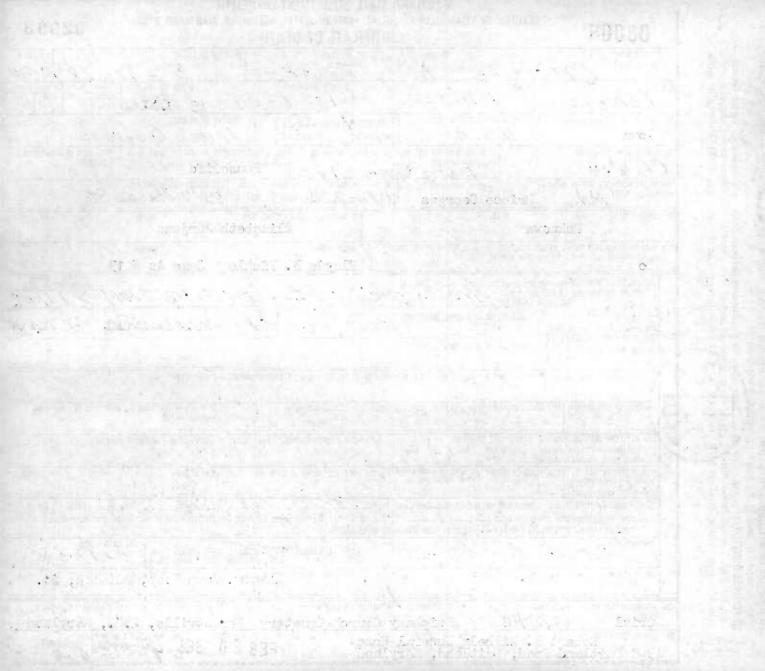
Feb. 5. 1968

(Stote)

(County)







MARYLAND STATE DEPARTMENT OF HEALTH

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F	L	G398 2/28/68 k	k		TIFICATE OF D		L, MARILAND 2120		995
er death.		ECEASED-NAME Type ar print) Firs	-44	Middle A.	FORO	/	DATE OF DEATH Month	Doy /8 Year (	2b. HOUR 1250 M
the fur	3. S	Female	4. RACE Wh	ite	5. DATE OF BIRT	7-98	6. AGE (In years last bighday)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
24 hours	con	BIRTHPLACE (State or foreign ntry) ennsylvania	7b. CITIZEN OF WHAT	WIE	ARRIED   NEVER MARRI	D TR	ince Jeor	al	Md
srtificote be executed within 2 physicion ond completely filler on please remove corban por ovol, ond in ony event, within	0	heverly, Mo	give stre	OF HOSPITAL OF INSTITUTION OF COLORGE	General	during House	UPATION (Kind of work of working life, even if retire	one 12b. KIND OF ed.) INDUSTRY	F BUSINESS OR
complet ove cor y event	adm	USUAL RESIDENCE (Where decedission) STATE	13b EQUNTY	Residence befare 13c.	ollege TK.	d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER	ist ha	ne.
icote be exe sicion ond a please remo		ATHER'S NAME First William	Middle	Bernard	15/MOTHER'S MAID	DEN NAME First  Lydia		Wessl	lost Ler
rtificote physicia en plea vvol, on	160. Y	WAS DECEASED EVER IN U.S. AR 'es, na, ar unknawn) (If yes give	MED FORCES? war or dates of service)	b. SOCIAL SECURITY NO.	Norma F.	Boling	7405 Kenova	St Fores	
The low requires that the death certificate be executed within 24 hours after death. attending physician. has been signed by the ottending physicion and completely filled in by the funeral se as the buriol-tronsit permit. Then please remove corban papers. Pages 1 and 2 th prior to buriol, cremotion, or removol, and in any event, within 72 trads after death.		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS) IMMED	nly ane cause per line to BY: ATE CAUSE (a)	for (a), (b), and (c).) cardial fib	rosis and i	infarctio	on	APPROX BETWEEN (	IMATE INTERNAL ONSET AND DEATH
of the off the off isit peri		Conditions, if any, which gave rise ta immediate cause (a),	(b) Cor	consequence of conary occlu	sion				
equires that the physician. signed by the buriol-transit p		stating the underlying cause	DUE TO, OR AS A	CONSEQUENCE OF CONTROL OF				Year	S
v requires ing physici sen signed the buriol-rio buriol,	NC	PART 2. OTHER SIGNIFICANT CO Diabetes Me	llitus.			DISEASE OR CONDITI	ON GIVEN IN PART 1(a)		
AN: The low all or attending the second or attending to the second for use as the Health prior?	CERTIFICATION			OPERATION WAS PERFORM	YES 🔀	NO 🗌	20b. IF YES, WERE FINDIN CAUSES OF DEATH?	S	ERTIFYING
PHYSICIAN: e hospital or his certificate stached for u	MEDICAL CE	21a. ACCIDENT WAS UNDERLYI  ☐ OR CONTRIBUTING ☐ CAUSE OF DEA (If either, natify medical exam	HOUR A.M. I	Month Day Year 19	21c. HOW INJURY OCCUR	RRED (Enter nature	e of injury in Port 1 or Pa	rt 2, Item 18.)	
bing PHYSICIAN: The low reby the hospital or attending ifter this certificate has been be detached for use as the State Dept. of Health prior to	W	at wark at wark		HOME, FARM, STREET, FACTORY,) FICE BUILDING, ETC.	21f. LOCATION Street	or R.F.D. Na.	City or Town	County	Stote
OR ATTENDING PHYSICIAN: The low requires the be retained by the hospital or attending physician. DIRECTOR: After this certificate has been signed by ge 3 should be detached for use as the buriol-troited with the State Dept. of Health prior to buriol, cre		22a. I certify that (I) (the saw the deceased causes stated above	nis haspital) attendalive an e. (1) (we) did) (di	d nat) view the bady	m _, and that in (my) after death.		ta_2:/7 death accurred an th	, 19 <u>68</u> , that e date and haur	(I) (we) last and fram the
OR ATT De retail NIRECTO e 3 sho ed with		22b. SIGNATURE	al cu	111 41	DEGREE PHYS.	MED. DIRECTOR	STAFF PHYS.	22c. DATE SIGNED FEb. 17,	1968
TO HOSPITAL OR ATTENDING Page 4 may be retained by to FUNERAL DIRECTOR: After director, page 3 should be dishould be filed with the State		22d. PHYSICIAN'S NAME (Type)	Peter Du	us, M. D.	22e. ADDRE 6056	S Central	Avenue, Cap		s.Md.
TO HOSPITAL Page 4 moy TO FUNERAL I director, pog should be fil	m.	BEMOVAL (Pecify) 2-	DATE 21-1968		Hame Cemete	ery Wa	LOCATION (City or Town) ashington	D. C.	(Stote)
VR A15 (4) 30M REV. 1/68	24.	FUNERAL DIRECTOR obert 308 Suitland F	E. Wilhelm load Suitl	Fun <b>cous</b> Ho and Maryla	nd	SG. REC'D BY REGI	3 1968 REGIST	PAR'S SIGNATURE	ings.

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**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers shauld be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72 h

Page 4 may be retained by the haspital ar attending physician.

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 19006

		CEI	RTIFICATE OF DEATH		0 4 3	3 ()
1. DECEASED-NAME (Type or print)	First Clarice	Middle V •	lost Fraley	2a. DATE OF DEATH  Februar		
3. SEX Female	4. RACE Wh:	ite	S. DATE OF BIRTH	6. AGE (In years last birthday)	MONTHS OAYS	HOURS MIN
	DON, D.C. U. I	S. A. W.  NAME OF HOSPITAL OR INSTITUTE  Ve street address  Eugene Leland  tution: Residence before 13	during	9. COUNTY OF DEATH Prince George UAL OCCUPATION (Kind af wark do mast af warking life, even if retire	ane 12b. KIND OF B INDUSTRY	Md JUSINESS OR
admissian) STATE Man  14. FATHER'S NAME	ryland Princ		ollege Park YES	First Li70L Holly		Last
F	Basil R IN U.S. ARMED FORCES? (If yes give wor or dates of service)	Friel 16b. SOCIAL SECURITY NO.	17. INFORMANT	Emma Addres	ss	
Canditions, if any, rise to immediat stating the under lost.  PART 2. OTHER SIGNAL CONTROL OF THE SIGNAL CONTR	which gave e cause (a), lying cause DUE TO, O (c)_ GNIFICANT CONDITIONS CONTR	R AS A CONSEQUENCE OF C	THE TERMINAL DISEASE OF	CONDITION GIVEN IN PART 1(a)	Jes Zure	etras
19a. DATE OF OPERA  21a. ACCIDENT WA  31b or contributing	AS UNDERLYING 21b. TIME		YES NO	20b. IF YES, WERE FINDIN CAUSES OF DEATH? ter nature af injury in Part 1 or Par		RTIFYING
OR CONTRIBUTING  (If either, natify n  21d. INJURY OCCU  While Nat wh  at work at war	IRRED 21e. PLACE OF INJUR	AT HOME, FARM, STREET, FACTORY OFFICE BUILDING, ETC.			Caunty	State
22a. I certify	that (I) (this haspital) a	196	from 7.00 9, 19. 2, and that in (my) <del>(our) o</del> dy after death.	pinian death accurred on the	19 <u>6</u> %, that e dote and hour a	(I) <del>(we)</del> last and from the
22b. SIGNATURE	witho	lui	DEGREE PHYS.	MED. STAFF DIRECTOR PHYS.	22c. DATE SIGNED	-68.
22d. PHYSICIAN'S NAME (Type)	LWI	1ALIN.	M. D. 22e. ADDRESS	Kwerda	le, m	rel.
23a. BURIAL, CREMATION REMOVAL (Specify)		10 - 37	etery or crematory ashington Memo	23d. LOCATION (City or Town) Hyattsvil	(County)	(State)

VR A15 (4) 30M REV. 1/68

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24. FUNERAL DIRECTOR Lees Sons, 300

ADDRESS Wash DRATE St.NE. 4th

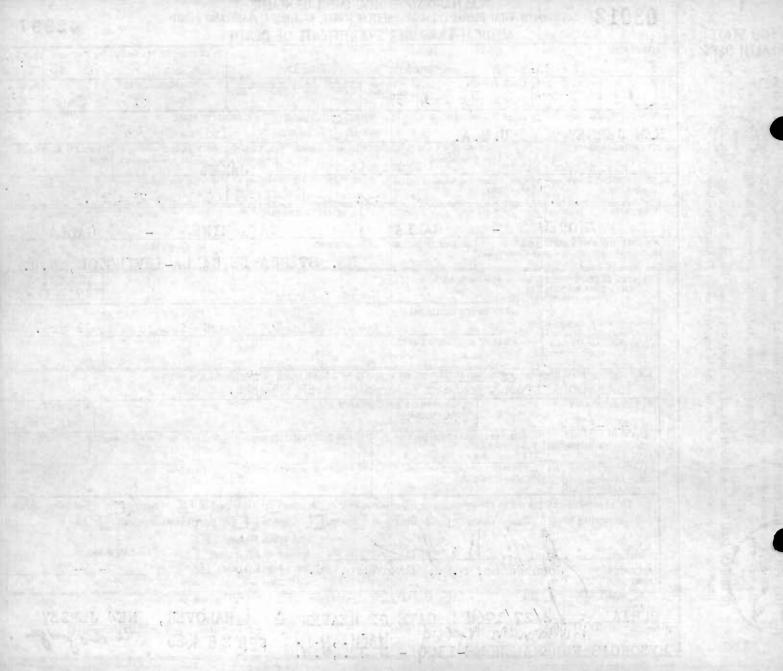
25a. RECD BY REGISTRAR

Hyattsville

REGISTRAR'S SIGNATURE

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MAKYLAND STATE DEPAKTMENT OF HEALTH



THE STATE OF THE SECOND - CHANGE - ELL 330.33 A CONTRACTOR OF THE PARTY OF TH The state of the second of the 

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 20. DATE KNOWN Month Doy (Type or Print) OF ESTI-Pode Groff Virginia Gerhold 3. SEX 4. RACE IF LINGER 24 HRS S DATE OF BIRTH 6. AGE (In years 2c. DATE PRONOUNCED DEAD last birthday) PM3. White 11-5-1927 Female YRS 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or foreign MARRIED NEVER MARRIED 9. COUNTY OF DEATH Wash. D.C. U.S.A. WIDOWED [ DIVORCED | Prince George's he Stor 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done With give street address) 2400 Block Mistletoe Lane during most of working life, even if retired.) 8. Give Adelphi Housewife olope death. 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER pages lond 2 with Prince George's Adelphi YES NO 10005 Riggs Road 4 should be forworded to the Chief Medical Examiner's Office ofter 14. FATHER'S NAME First 15. MOTHER'S MAIDEN NAME First Middle Chalmers Groff Sally haurs pencil in 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes no or unknown) (If yes give war or dates of service) Mr. Lee D. Gerhold (above address File (Husband) event within be executed IB. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: permit. IMMEDIATE CAUSE (6) Strangulation DUE TO. OR AS A CONSEQUENCE OF burial-tronsit Conditions, if ony, which gove (b) And gun shot wounds of head and chest rise to immediate couse (a). writing the word any certificate should DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) cremation, or removal, 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? the certificate, be 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) 3 should PRIMARY X OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH App. 8:00mm 2-7-1968 Shot by assailant 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town foctory, office building, etc.) WHILE AT WORK AT WORK undetermined Adelphi Prince George 22a. I certify that I taak charge of the remains described above, held an Autapsy 🕱 FUNERAL DIRECTOR: Inspection X, Inquiry [x], director. Natural causes . Accident . Suicide . death resulted from: Homicide X Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funerol SIGNATURE DEPUTY MEDICAL EXAMINER TX **EXAMINER'S** NAME (Type) ADDRESS(Street, city, town, or county) Riverdale Md. Kehoe MD 50 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b DATE 23d. LOCATION (City or Town) REMOVAL (Specify)

Fort Lincoln Com

ADDRESSMt Rainier 350 RECD BY REGISTRAR Maryland DATE EB 131

VR A15ME (5) 10M REV. 1/68 Burial

Home Inc.

24. FUNERAL DIRECTOR

Baughman RETWEEN ONSET AND DEATH 20. AUTOPSY? YES X NO County State and in my apinian

(County)

Colmar Manor.

2Sb.

(Stote)

02999

12b. KIND OF BUSINESS OR

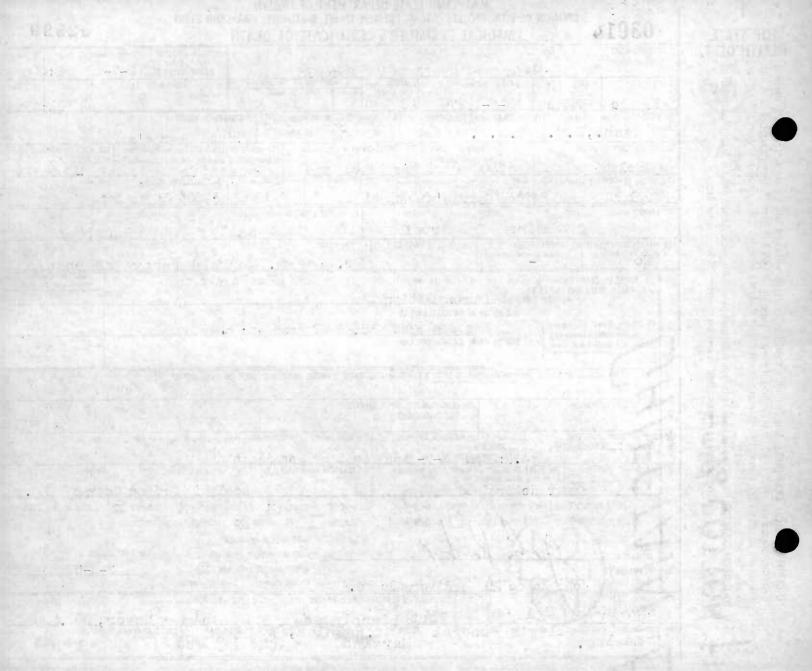
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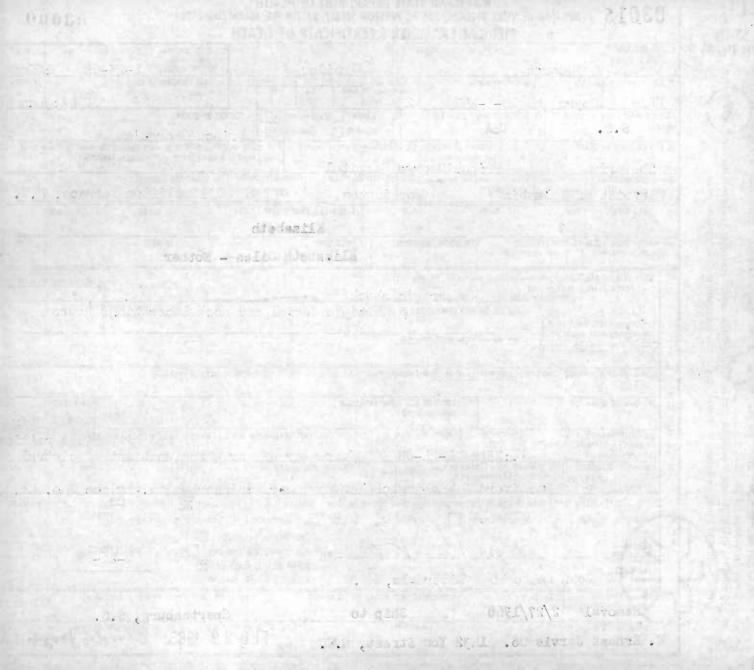
2b. HOUR

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03601 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. First 1. DECEASED-NAME Middle Lost 20. DATE KNOWN Month Doy Yeor 2b. HOUR (Type or Print) Etta DEATH MATED 2-15-68 19 5:10 May Griggs ny delay i 2. and 3 t IF UNDER 1 YEAR IF UNDER 24 HRS. 3 SEX 4. RACE S. DATE OF BIRTH AGE (In years 2c. DATE PRONOUNCED DEAD 245 HOUR White Month\_ PM Female Year 68 19 8/29/17 50 YRS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Prince George's WIDOWED F DIVORCED [ U.S.A. Pages For Virginia ID. CITY OR TOWN OF OFATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR givpstrettedess Geo. Gen. Hospital during most of working life, even if retired.) INDUSTRY Cheverly Give Own Home Office alang 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER death 13b. COUNTY Prince George's Item 18. Hillside YES NO 3 1307 57th Avenue and 2 after 14. FATHER'S NAME First Middle 15. MOTHER'S MAIDEN NAME Middle Marshall A. Edwards Carrie Belle Mitchell Examiner's hours .⊑ 16b. SOCIAL SECURITY NO. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? pencil (Yes. no. or unknown) (If yes give war or dates of service) Same as above #13 Ernest W. Griggs 579 28 6406 0 no APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH permit. the certificate, writing the ward "pending" i 4 shauld be farwarded ta the Chief Medical IMMEDIATE CAUSE (o) Myocareial insufficiency event DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove Coronary arteriosclerotic heart disease rise to immediate couse (a), dny certificate shauld DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse ₽. pup PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) remaval CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? None None NO T 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 3 should 9 PRIMARY OR CONTRIBUTING HOUR A.M. crematian, None CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street. 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) WHILE AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy XI. Inspection X Inquiry L and in my opinian deoth resulted from: Notural causes Accident . Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE Acting DEPUTY MEDICAL EXAMINER 5 may b ro FUNER Health Feb. 16, 1968 EXAMINER'S ADDRESS(Street, city, town, or county) Cheverly, Maryland NAME (Type) Burns, M.D. Cornelius J. 23h DATE 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. 23c. NAME OF CEMETERY OR CREMATORY (County) REMOVAL (Specify) Colmar Manor P.G. Md. 2/19/68 Burial Lincoln 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) Francis Gasch's Sons Hyattsville, Md 10M REV. 1/68

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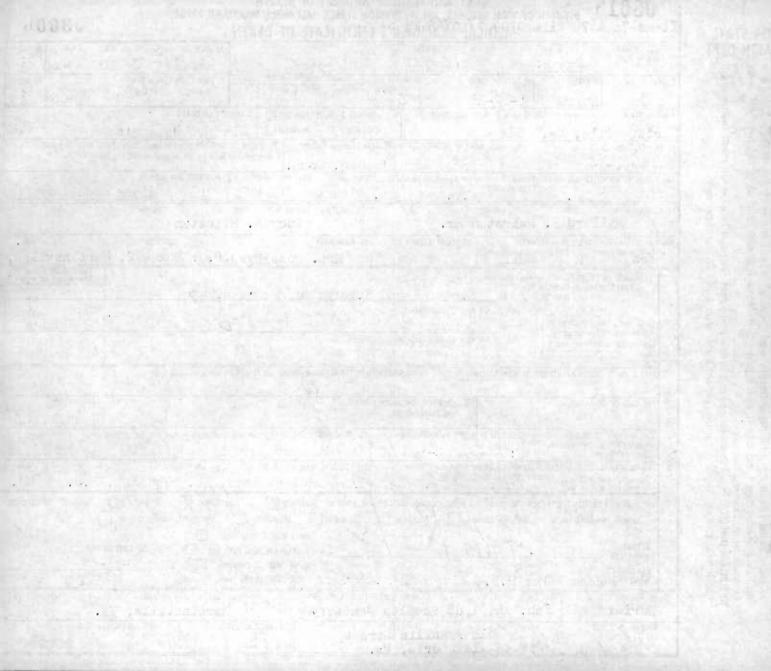
MARYLAND STATE DEPARTMENT OF HEALTH 03017 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03002 CERTIFICATE OF DEATH DECEASED-NAME Lost 2o. DATE OF DEATH 2b. HOUR after death. umpletely filled in by the funeral ve carban papers. Pages 1 and a event, within 72 haurs after death Beatrice H. Gugenheim (Type or print) Month 28 Day 1968eor Feb. 3 SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF LINDER 1 YEAR IF LINDER 24 HRS HOURS last birthday) June 1, 1890 Female White 24 hours 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) U.S.A. Prince Georges WIDOWED X DIVORCED | Penna. attending physician and campletely filled permit. Then please remave carban pape 1D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR The law requires that the death certificate be executed within give street oddress)
Leland Membrial Own Home during most of working life, even if retired.) **Housewife** Riverdale 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER
335 Cokeland So. 13d. INSIDE CITY LIMITS? odmission) STATE 13b. COUNTY YES TEN NO Laurel Anne runde and in any 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First Middle First Lost Margaret Duffy James McGinty 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address (If yes give war or dates of service) Yes, no, or unknown) James A. Gugenheim 335 Cokeland So. Laurel, Md cremation, or remayal 297-07-2929D 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) permit. DUE TO, OR AS A CONSEQUENCE OF the signed by the burial-transit p Conditions, if any, which gove: rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital or attending physician. **TO FUNERAL DIRECTOR:** After this certificate has been signed by stating the underlying cause buria. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) use as the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗍 NO T 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year be detached for State Dept. af h (If either, notify medical examiner) P.M 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town Stote County While Not while at work 22a. I certify that (I) (this haspital) attended the deceased fram that (1) saw the deceased glive and 2 2- 19 (Sand that in (my) (aur) apinian death accurred an the date and haur and fram the ge 3 shauld te causes stated abaye, (1) (1/e) (did) (did nat) view the bady after death. ATTENDING director, page 3 should be filed v DEGREE DIRECTOR 22d. PHYSICIAN'S NAME (Type) 22e. ADDRESS Greenbelt, Maryland Wm . C. Weintraub 23o. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) (County) BurREMOVAL (Specify) 3/4/68 St. Mary's Cemetery Wilkes Barre Pa. 1988 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 (4) 30M REV. 1/68 DATE MAR Francil Gasch's Sons Hyattsville, Maryland

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03803 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 2o. DATE OF DEATH 2b. HOUR directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after death (Type or print) 5:30A. 1968 HARRY RUTLEDGE HALL 4. RACE S. DATE OF BIRTH 6. AGE (In years LE LINDER 1 YEAR IF LINDER 24 HRS 3. SEX lost birthdoy) DAYS HOURS MALE CAU. 29 Oct. 1885 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED NEVER MARRIED Boston, Mass. filled in WIDOWED DIVORCED [ U.S. PRINCE GEORGE 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR campletely fi HYATTSVILLE 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13e, STREET AND NUMBER remave car 13d. INSIDE CITY LIMITS? requires that the death certificate be executed odmission) STATE Maryland Prince George Hyattsvill 5600- 42nd Ave. 14. FATHER'S NAME Middle Lost IS. MOTHER'S MAIDEN NAME First Middle ond Frank Hall Elizabeth Henderson 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, no, or unknown) (If yes give wor or dates of service) Same as above 220-34-4993 Margaret W. Hall 1B. CAUSE OF DEATH (Enter only one couse per line far (a), (b), ond (c).) PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ) signed by the burial-transit p rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) xaminer Notified far use as the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES [ NO I O FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor P.M ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY Stote City or Town County While Not while of work x - 19 68, that (1) (we) last couses stated obove, (1) (we) (did) (did not) view the body ofter death. Medical 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR DEGREE 22e. ADDRESS Prince Geo. Plaza Shopg Ctr. Hyattswille 22d. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE (Stote) 23o. BURIAL, CREMATION, (County) REMOVAL (Specify) Ft. Lincoln Cemetery 2-16-68 Colmar Manor Maryland 2So. REC'D BY REGISTRAR FUNERAL DIRECTOR VR A15 (4) F. Gasch's Sons Hyattsville, Maryland 30M REV. 1/68-

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7 I I	03013 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	Items 7a & 76 Film GMEDICAL EXAMINER'S CERTIFICATE OF DEATH	03006
HEALTH DEPT.	1. DECEASED-NAME First Middle Lost 20. DATE KNOWN A Month D	oy Yeor 2b. HOUR
.× 0 0 ℃	(Type or Print)  Millard Fillmore Hairston  OF ESTI-  DEATH MATED  2 10	5.30
à∾ d	3. SEX 4. RACE S. DATF OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD	2d. HOUR
detay and 3 M3 P	male Negro 4-12-11 (ast birthday) MONTHS DAYS HOURS MIN. Month 2 Doy 10	Yeor 1968 5:3M
Pp Pp	70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
5 0	Martinsville, Va. USA WIDOWED DIVORCED Prince George's	Md
Giv Poge.	10. CITY OR TOWN OF DEATH   11. NAME OF HOSPITAL OR INSTITUTION (IT NOT IN NOSPITO)   120. USUAL OCCUPATION (KIND OF WORK done   12	2b. KIND OF BUSINESS OR IDUSTRY
	Cheverly give street oddress) during most of working life, even if retired.) IN Prince George 1s Gen. Hosp.  130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
s ofter 18. Giv along with the deoth.	odmission) STATE Md. 13b. COUNTY P.G. St. Pleasant YES X NO 1012 Addison I	Poad
I hours Item 1 Office 1 and 2	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
d be executed within 24 hours ofter d "pending" in pencil in Item 18. Gis Chief Medicol Exominer's Office along transit permit. File pages land 2 with y event within 72 haurs after death.	Millard F. Hairston Sr. Lucy A. Hairaton	6031
hin 24 ncil in niner's pages haurs	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	Va.
within in pencil Exomine File page n 72 hau	(Yes_no_or_unknown) (If yes_give war or_datas_of_service) Mrs. Rosa Byrd, P.O. Box 492, I	
ed - Fi	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be executed "pending" in nief Medicol E: nnsit permit. F event within	PART I. DEATH WAS CAUSED BY:  Subdural and Subarachnoid hemorrhage	
exe end i Me it pe	968 X DUE TO, OR AS A CONSEQUENCE OF	
d "pe d "pe Chief ransil	Conditions, if ony, which gove (b) Trauma (b) Trauma	3 hours
should be e ne word "per o the Chief I burial-transit	stoting the underlying couse  DUE TO, OR AS A CONSEQUENCE OF	
ote she g the v ed to th s a buri ond in	(c)	
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
is certificate, writing te, writing to forword a seed a removol,	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?  216. EXTERNAL CAUSE WAS 216. TIME OF INJURY Month, Doy, Yeor 217. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item	20. AUTOPSY?
	WAS PERFORMED?	YES NO
<u> </u>		1 B.)
INER: The certifice should by files.  3 should a should boation, or	CAUSE OF DEATH   C: UU P.M. AM 2-1019 68   nit over nead by assailant	
KAMINER: te the certi ge 4 should your files. age 3 shoul cremation,		County Stote
EXAMINER: ute the cert age 4 should r your files. Page 3 shou	AT WORK AT WORK X home 1012 Addison Road, St. Fleasant,	
N Xe Ye	22a. I certify that I taok charge of the remains described above, held an Autapsy 💢 , Inspection 💢 , Inquiry 💢 ,	and in my apiniar
Se esctor	death resulted fram: Natural causes , Accident , Suicide , Homicide X, Undetermined manner	_
please director retoiner.	ACTUAL CHIEF MEDICAL EXAMINER 22b, DATE SI	CNED
ry, ry, be real per pri	SIGNATURE M.D. DEPUTY MEDICAL EXAMINED TO	
o DEPUTY SICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained for your o FUNERAL DIRECTOR: Page Health prior to burial, crem	NAME (Type) John Kehge M.D., Riverdale, Maryland ADRESS (Street, city, town, or county)	
TO DEPUTY  necessary, please the funerol directo 5 may be retoined TO FUNERAL DIREC Health prior to b	230. BURIAL CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (C	County) (Stote)
	Buriage Feb. 14, 1968 Peoples Cemetery Martinsville, Va	L•
	24: FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 250. REGISTRAR'S SIG	- 70
VR A15ME (5) 10M REV. 1/68	Wenn Emliplexandria, Va. DATE FEB 1 3 1948	les judges



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		DIVISION OF VITAL R	ECORDS, 301 W. PR	ESTON STREET, BALTII	MORE, MARYLAND 21201	03604		
		CERTIFICATE OF DEATH						
		une or print)	ddle	Lost	20. DATE OF DEATH	2b. HOUR		
		ype or print) JOSEPH W.	/////	on SR.	Jun 2	1 1966 (E)		
	3. SE	X 4. RACE		S. DATE OF BIRTH	6. AGE (In years lost birthdoy)	IF UNDER 1 YEAR 1F UNDER 24 HRS. MONTHS DAYS HOURS MIN		
Н		MALE WHITE	10	1-24.06	O YRS.			
	COUL		MARKIED	NEVEK MAKKIED	COUNTY OF DEATH			
	-	LITY OR TOWN OF DEATH 11. NAME OF HOS	WIDOWED PITAL OR INSTITUTION (If no	البيبا ا	PRINCE GEOR	12b. KIND OF BUSINESS OR		
50	Li	LLCREST HTS md			st of working life, even if retired.)	INDUSTRY		
	130.	USUAL RESIDENCE (Where deceased lived, if institution: Reside	nce before 13c. CITY OR 1	OWN 13d, INSIDE CITY LIM	ITS? 13e. STREET AND NUMBER	Plumbin C.		
16	odmi	issian) STATE 13b. COUNTY DRIVE GEO	ZGF HILLER	YES NO	B 5901 27	H AVE		
1	14. F	ATHER'S NAME First Middle	Last 1S.	MOTHER'S MAIDEN NAME Fir	st Middle	Last		
		PERCY HARRISON		WELLIE I	BAUR	AND DESCRIPTION		
	16o. Y	WAS DECEASED EVER IN U.S. ARMED FORCES? (es, ng, or unknown) (If yes give war or dates of service)		FORMANT	Address	ALLIA OF THE		
		No NO		IN C HARIRIS	\$ 5901 27 that	APPROXIMATE INTERVAL		
		18. CAUSE OF DEATH (Enter only one couse per line for (o) PART I. DEATH WAS CAUSED BY:	b), grd (c).)	1		BETWEEN ONSET AND DEATH		
		IMMEDIATE CAUSE (o)	recruega	le ,	1 10 0	Mauth		
		Canditians, if any, which gove	Clarace De	4 Tolals	le chiterte	- 19 mand		
		rise to immediate couse (a). stating the underlying cause  DUE TO, OR AS A CONSE	QUENCE OF	7)	er russymbol	and I commende		
		lost. (c)	14					
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO	THE TERMINAL DISEASE OR CO	ONDITION GIVEN IN PART 1(o)			
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X	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERAT	ION WAS PERFORMED	20o. AUTOPSY?  YES NO NO	20b. IF YES, WERE FINDINGS C CAUSES OF DEATH?	ONSIDERED IN CERTIFYING		
. ,	CERTI	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY	21c HO		noture of injury in Port 1 or Port 2,	Item 181		
	MEDICAL	and the second	Day Year	THOUSE OCCURRED (EINO	nototo di injuly in con con con z,	110111 10.7		
	MED	21d INILIRY OCCURRED 21e PLACE OF INILIRY (AT HOME, FA	RM, STREET, FACTORY, 21f. LOC	ATION Street ar R.F.D. Na.	City ar Tawn	Caunty State		
		While Not while ot work at work	ING, EIC.	, ,	1 1	10		
		22a. I certify that (I) (this haspital) attended th	deceosed from	12/1/20	e, to 2/22/, 19	, that (I) (we) la		
		saw the deceased alive an couses stated above, (I) (we) (did pot)	view the body after d	that ip (my) (our) opin eath.	ian death occurred on the do	ite ond hour ond from th		
		22b. SIGNATURE		/	22c.	DATE SIGNED		
		6 day hudden	DEGRE		D. STAFF PHYS.	123/GE		
1		22d. PHYSICIAN'S NAME (Type)		22e. ADDRESS	5/ 41/	00		
-		SIEWART LY John	E	3066 Q	JX WW. WASH:	NETIES, OS		

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physician and completel, filled in by director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers should be filed with the State Dept. of Health prior to burial, cremation, or remaval, and in any event, within 72 ha VR A15 (4) 30M REV. 1/68

Uneral ond 2 or death.

hin 24 hours after deot

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed Poge 4 may be retained by the hospital or attending physician.

24. FUNERAL DIRECTOR

230.

BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

1968 CEDARE ADDRESS

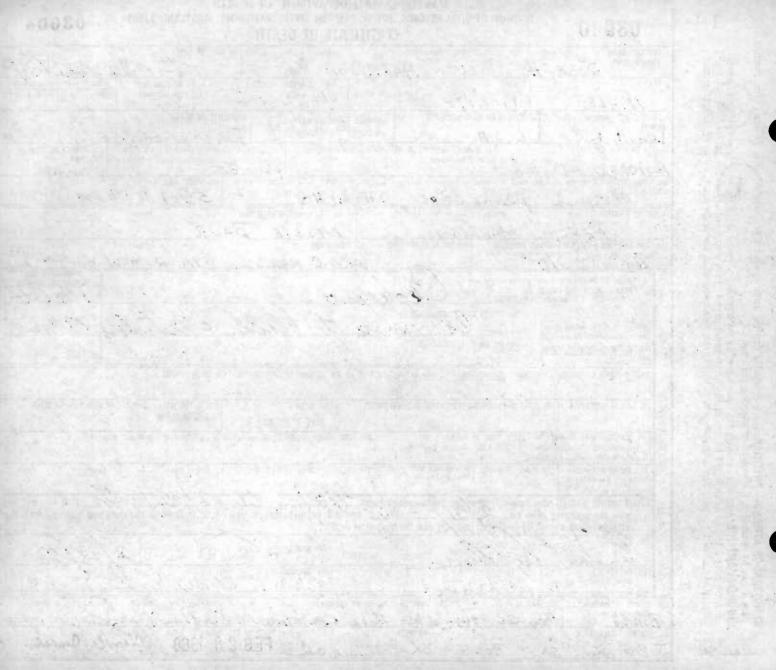
23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)

250. REC'D BY REGISTRAR

A DC DATE FEB 28

(Stote) (County)

1968<sup>25b.</sup>

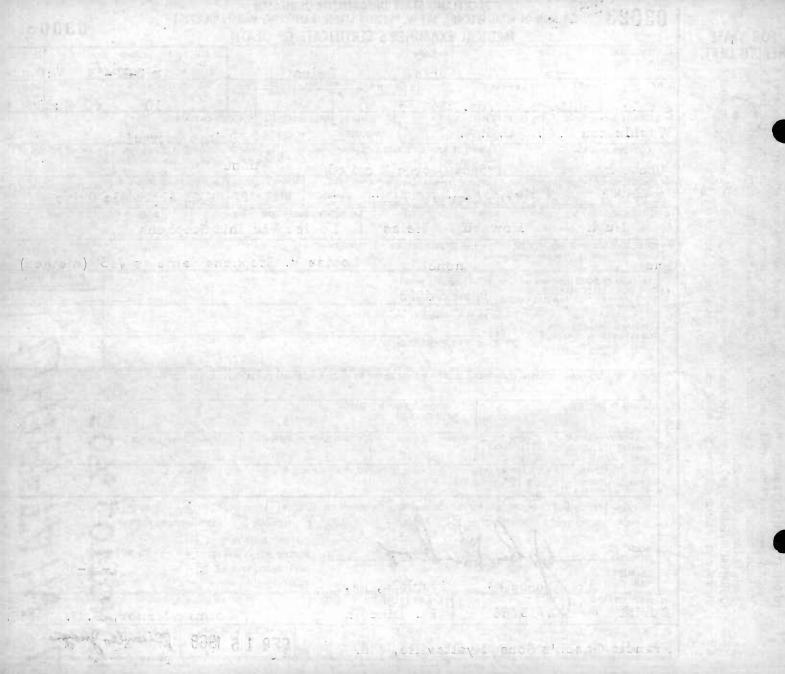


	MARTIAND STATE DEPARTMENT OF HEALTH  13027 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOD CTATE	VUULE	2008
FOR STATE		3005
HEALTH DEPT.	1. DECEASED-NAME First Middle Lost 2a. DATE KNOWN Month Day OF ESTI-	Year 2b. HOUR
in 5 6 19 19	Willie Louis Harrison DEATH MATED   2−2−68	1911:00am
day day	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years lef UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD MONTHS DAYS HOURS MIN. Manylb	2d. HOUR
ny deloy 2, and 3 PM3. Pa	Male Negro 11 Sept. 1893 74 vrs. 68	3 1911:14amm
	70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
7 5 3	"North Carolina USA WIDOWED DIVORCED Prince George's	Mo
	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g. USUAL OCCUPATION (Kind of work done 12b. K	CIND OF BUSINESS OR
offer deoth Give Pages along with the State eath.	Cheverly Prince George Hospital during most of working life, even if retired.) INDUS  Minister	IKY
Giv Giv ong	13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	775-37-37
	District of Columbia Washington YES NO 4915 Central Ave	N.E.
hours ofter death tem 18. Give Pog Office along with 1 and 2 with the St ofter death.	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Lost
24 hours in Item 18 r's Office es 1 ond 2 v	Louis Harrison Henrietta Whitaker	
hin 24 ncil in niner's pages haurs	16o. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
withi penc xomii ile po	(Yes, no, or unknawn) (If yes give war or dates of service) Willie L. Harrison, Jr.	
d w in Fill Fill Fill Fill Fill Fill Fill F		APPROXIMATE INTERVAL
be executed "pending" in nief Medical E. ansit permit. Fevent within	PADT I DEATH WAS CALISED OV.	BETWEEN ONSET AND DEATH
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e e e e e e e e e e e e e e e e e e e	Canditians, if any, which gave	ver ) yrs.
auld the Chi	rise to immediate cause (a), (b)  DUE TO, OR AS A CONSEQUENCE OF	-
shauld be executed ne word "pending" is to the Chief Medical burial-transit permit.	lost. // O O	
This certificate shauld be executed within 24 icate, writing the word "pending" in pencil in be forworded to the Chief Medical Exominer's be used os o burial-transit permit. File pages or removal, and in any event within 72 haurs	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
ficate ing th ded 1 os o 1, and	Dishet or molliture over 1 and	
rrtif vorti vord ed e	Diabetes mellitus — over 4 yrs.  190. Date OF OPERATION 195. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
This certificate, writing the forword be used on the removal,	WAS PERFORMED?	YES NO 🔀
certificate, ould be fores, should be to ion, or ren	19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  21a. EXTERNAL CAUSE WAS  21b. TIME OF INJURY Month, Day, Year  21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.	
	PRIMARY OR CONTRIBUTING HOUR A.M.	
KAMINER: te the certi ge 4 should four files. oge 3 shou cremation,	PRIMARY OR CONTRIBUTING HOUR A.M.  CAUSE OF DEATH P.M. 19  21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town Cou	inty State
EXAMI ute the uge 4 your your Poge 3	WHILE NOT WHILE foctory, office building, etc.)	in, side
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ICAL E executor. Pog for CTOR: F buriol,		ond in my opinion
please e l' director retained . DIRECT or to bu	deoth resulted from: Noturol couses , Accident , Suicide , Homicide , Undetermined monner	
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YY, F	SIGNATURE	
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TO DEPUTY SIC necessary, please the funeral directo 5 may be retained TO FUNERAL DIRECT Health prior to by	NAME (Type) John Kehoe, M.D. iverdale, Md. ADDRESS (Street, city, town, or county)	
5 25 -	230. BURIAL CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Count Burial 2/6/68 Carver Memorial Park Maryland	ty) (State)
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1/19/68 VR A15MEYS)	1 Phataland a Contract of the	4
10M REV. 1/68	Stewart Funeral Home-4001 Benning Rd., NULLEB 7 1968	The state of the s

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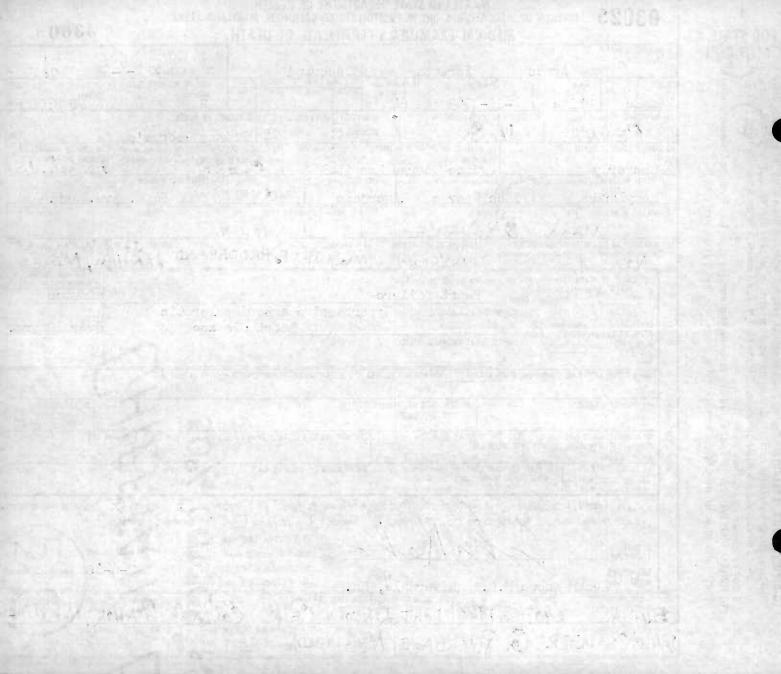
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MARYLAND STATE DEPARTMENT OF HEALTH 03023 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03608 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 20. DATE KNOWN Month Yeor (Type or Print) ESTI-Poge DEATH MATED 12-10-68 194:60amM Heiss Marie Anna delay and 3 6. AGE (In years IF UNDER 24 HRS. 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR 2c. DATE PRONOUNCED DEAD 2d. HOUR 68 198:15am M White 26 Feb. 1962 Female 7o. BIRTHPLACE (Stote or foreign MARRIED NEVER MARRIED 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH Washington D. C. U.S.A. WIDOWED | DIVORCED T Prince George's 8. Give Pages 10. CITY OR TOWN OF DEATH poges 1 and 2 with the Stat 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital the Chief Medical Exominer's Office alang with 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) **INDUSTRY** Cheverly Prince George Hospital after deoth. 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER bish COUNTY George Palmer Park YES NO 8021 Allendale Drive Item 18 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Hugh Heiss Howard Louise Virginia Stephens in hours 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. pencil 17. INFORMANT within (Yes, no, or unknown) Louise V. Stephens Same as #13 (mother no none event within executed 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY:
Programonitis permit. BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (0). Pneumonitis DUE TO, OR AS A CONSEQUENCE OF burial-tronsit pe Conditions, if ony, which gove rise to immediate couse (o), writing the word shauld DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse L 4 should be forwarded to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) certificate removal, 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES NO TO pe 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dov. Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. cremation, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) WHILE AT WORK AT WORK 22a. I certify that I taak charge of the remains described above, held an Autopsy ... Inspection X, Inquiry X, and in my apinian death resulted fram: Addent Suicide [ Hamicide Undetermined manner Natural causes X CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 2-12-68 DEPUTY MEDICAL EXAMINER (XX **EXAMINER'S** 5 moy ro FUNE Heolth ADDRESS(Street, city, town, or county) NAME (Type) Riverdale, Md. John ehoe MD 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION 23d. LOCATION (City or Town) (County) (Stote) Burral (Specify) 2/13/68 Ft. Lincoln Colmar Manor, P.G. Md. 24. FUNERAL DIRECTOR ADDRESS 1968 VR A15ME (5) Francis Gasch's Sons Hyattsville, Md.



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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03669 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle last 20. DATE KNOWN Month Yeor 2b. HOUR (Type ar Print) OF ESTI-DEATH MATED X 2-6-68 p Agnes Loretta Hildebrand 55amM deloy and 3 3. SEX 4 RACE 6. AGE (In years IF UNDER 24 HRS. S. DATE OF BIRTH 2c. DATE PRONOLINCED DEAD 2d. HOUR last birthdov) Day Year 8: DLam M White 2-26-1903 Female 64 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH form country) WIDOWED TE DIVORCED [ Prince George's Item 18. Give Pages lond 2 with the Stal 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Office olong with give street oddress)
Prince George Hospital during most of working life, even if retired.) Acct Cheverly death. 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Riverdale YES NO 5600 George after Middle 14. FATHER'S NAME First Lost 15. MOTHER'S MAIDEN NAME First. Middle UNKNOWN URKE the Chief Medical Examiner's hours .= poges pencil 17. INFORMANT ADDRESS 5408 HILDEBRAND (Yes, pa, ar unknawn) (If yes give wor or dates of service) MRJAMES F. UNKHOWN LANHAM. File APPROXIMATE INTERVAL within executed CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Heart failure pending minutes IMMEDIATE CAUSE (a) event DUE TO, OR AS A CONSEQUENCE OF Hypertensive arteriosclerotic buriol-transit pe Conditions, if ony, which gave heart disease over 10 yrs. rise ta immediate cause (a), writing the word certificate should DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .⊑ 4 should be forworded to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 go removol used 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? certificote. YES 🖂 NO X pe 0 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 3 should 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) PRIMARY OR CONTRIBUTING HOUR A.M. cremotion, CAUSE OF DEATH PM 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, affice building, etc.) WHILE AT WORK AT WORK 22a. I certify that I taok charge of the mains described oboye, held an Autopsy Inspection | Inquiry X and in my opinion death resulted fram: Natural causes Actident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER prior ACTUAL 22b. DATE SIGNED FUNERAL ASSISTANT MEDICAL EXAMINER SIGNATURE funeral DEPUTY MEDICAL EXAMINER TX Health may ADDRESS(Street, city, tawn, or county) NAME (Type) John Kehoe M.D. Riverdale. the 0 BURIAL, CREMATION 23d. LOCATION (City or Town (County) (State) MARYLAND REGISTRAR'S SIGNATURE VR A15ME (5)



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OR ATTEND	retained FCTOR: / 3 shauld with the			22b. SIGNATURE	- 3.5	/	DATE SIGNED
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03028 03014 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR (Type ar print) Manth Year 1968 3. SEX 4 RACE 5. DATE OF BIRTH IF UNDER 24 HRS. 6. AGE (In years IF UNDER 1 YEAR last birthday) SHTROM HOLIES 4.187 YRS burial-transit permit. Then pleose remove carbon papers. Pog burial, cremation, or removol, and in ony event, within 72 hours 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) DIVORCED WIDOWED Z Georges RIVCE Potomac 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a, USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR within completely fill give street address) during most of working life, even if retired.) INDUSTRY BOOK Keeper 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER requires that the death certificate be executed admission) STATE WAShington 13b. COUNTY YES 🗔 NO 14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First Middle Last Ames 16b. SOCIAL SECURITY NO. 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address (If yes give war or dates of service) Yes, na. ar unknawn) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Canditians, if any, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) hos been director, page 3 should be detoched for use as the should be filed with the State Dept. of Health prior to 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES 🗍 NO T TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town State Caunty While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased from Nov., 1965, ta \_1968, and that in (my) (our) opinion death accurred an the date and have and from the saw the deceased alive on\_\_\_ causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED DEGREE PHYS. DIRECTOR 22e. ADDRESS 5 800 106 NAME (Type) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23a. BURIAL, CREMATION, (County) REMOVAL (Specify) Washington Treek Cemeteru Georgia Ave N. W. ADDRESTAL Home 256. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE VR A15 (4) 30M REV, 1/68 DATE

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 0381 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT 1. DECEASED-NAME First Middle 20. DATE KNOWN Month Doy Yeor (Type or Print) ESTI-Jeffries 68 19 7 : 00 mm Thomas Bed ford DEATH MATED 4. RACE 6. AGE (In years last birthday) IF UNDER 24 HRS 3 SEX S. DATE OF BIRTH 2c. DATE PRONDUNCED DEAD 2d. HOUR 68 197:20pm M male white 5-18-1909 58 YRS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH DIVORCED [ WIDOWED [ Pages Prince George's 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR along with during most of working life, even if retired.) give street oddress)
Leland Memorial Hospital 8. Give Riverdale death. with 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? Prince George's College Park YES X NO . land2 Office after 14. FATHER'S NAME First Middle 15. MOTHER'S MAIDEN NAME-REFRIES ELEANOR 5 the certificate, writing the word "pending" in pencil in 4 should be forwarded to the Chief Medical Examiner's hours 7-00.5F 16b. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no ocunknown) 051154 MAE DI VEFFRIES within APPROXIMATE INTERVAL be executed 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) Heart failure ninutes DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic heart disease event unknown buriol-transit Conditions, if ony, which gove rise to immediate couse (a). any should DUE TD. OR AS A CONSEQUENCE OF stoting the underlying couse 2. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) certificate removal 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES 🗍 NO X 21o. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY Month, Doy, Yeor 3 should PRIMARY OR CONTRIBUTING HOUR A.M. cremotion, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) WHILE AT WORK AT WORK 220. I **certify** that I took charge of the remains described above, held on Autopsy ... Inspection x Inquiry k ond in my opinion deoth resulted from: Noturo Quses X Accident Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE. DEPUTY MEDICAL EXAMINER Health NAME (Type) John Riverdale, Md. Kehoe MD ADDRESS(Street, city, town, or county) 50 23o. BURIAL, CREMATION 23d. LDCATION (City or Town) 10 FEB 1968 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR Co. RIVERDALE, MARYLAND

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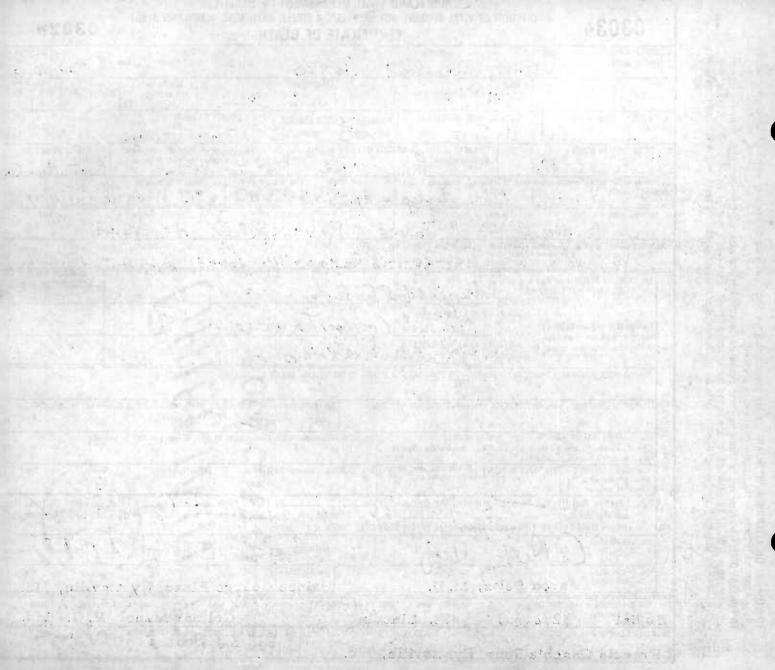
MAKTLAND STATE DEPARTMENT OF HEALTH 03032 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03618 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 2g. DATE OF DEATH 2b. HOURD death. fuerol (Type or print) P. Feb. Grace John son signed by the attending physicion and completely filled in by wherful buriol-transit permit. Then please remove carbon papers. Pages buriol, cremotion, or removal, and in any event, within 72 hours after 4. RACE 6. AGE (In years last birthagy) offer 3. SEX S. DATE OF BIRTH IF UNDER 1 YEAR ZHTMOM DAYS HOURS Female Caucasian July 7, 1882 requires that the death certificate be executed within 24 hours. 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED WIDOWED T DIVORCED [ Prince Georges US Missouri 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR DOA give street address) during most of working life, even if retired.) INDUSTRY Cheverly Prince Geo. Gen'l Hospital Housewife Home 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13e STREET AND NUMBER 13b. COUNTY
Prince Georges NO T Maryland Landover 4007 73rd Avenue 14. FATHER'S NAME Middle Last 1S. MOTHER'S MAIDEN NAME First Middle William Elerdrige Ax Waltz Jane 16b. SOCIAL SECURITY NO. 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes no or unknown) Hyattsville, Md. Pearlie Miller Dau. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART 1. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEAD 5 minutes IMMEDIATE CAUSE (a) Conditions, if any, which gove ) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS, CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) Page 4 moy be retoined by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Heolth prior to CERTIFICATION TO HOSPITAL OR ATTENDING PHYSICIAN: The law 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NOTXX YES 🗍 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year (If either, natify medical examiner) P.M (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town State County While Nat while at wark 22a. I certify that (1) (this hospital) attended the deceased from-June . 19 64, to Feb 1968, and that in (my) (our) opinian death accurred an the date and haur and fram the saw the deceased alive an\_\_\_\_ couses stoted abave, (1) (we) (did) (did not) view the body ofter death. 22h, SIGNATURE 22c. DATE SIGNED **ATTENDING** MED.
DIRECTOR STAFF hamas DEGREE 22d. PHYSICIAN'S 22e, ADDRESS NAME (Type) 4814 71st Ave., Landover Hills, Md. Thomas G. Maloney, M. D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE (County) (State) Feb. 22,1968 RemoveMOTAL (Specify) McCurry Funeral Home Brunswick, hariton, Missouri 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) F. Gasch's Sons DATFEB 1968 Hyattsville, Md. 30M REV. 1/68

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03033 CERTIFICATE OF DEATH 03613 DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR death neral puo (Type or print) February Susie E. Johnson 1968 9:10AM hours after 3. SEX 4 RACE 6. AGE (In years S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. requires that the death certificate be executed within 24 hours after 7 lost birthdoy) DAVS HOURS Female 11/1/88 Colored inby 7o. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED burial, cremotion, or removol, and in any event, within 72 h country) WIDOWED [ DIVORCED [ Prince George's and completely filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress)
Prince Geo.Gen. Hosp during most of working life, even if retired.) INDUSTRY Cheverly 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Columbia NO [ Washington 1016 65th Pl 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Lost 01115 physicion on pleose 6006 16b. SOCIAL SECURITY NO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (If yes give war or dates of service) Yes, no, or unknown) APPROXIMATE INTERVAL ottending poermit. The 18. CAUSE OF DEATH (Enter only one couse per line for (a);) (b), and (c).) BETWEEN ONSETAND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO, QR AS A CONSEQUENCE OF signed by the burial-tronsit p Conditions, if ony, which gove ) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) **IO FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 1 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗌 NO XX 4 may be retained by the hospital or 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town Stote County While Not while at work 22a. I certify that (1) (this haspital) ottended the deceased from 2/20, 1968, to 2/24/, 1968, ond that in (1) (we) lost sow the deceased alive on February 24, 1968, and that in (1) (our) opinion death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (didnet) view the body after death. 22b. SIGNATURA 22. DATE SIGNED TATTENDING MED. DIRECTOR STAFF PHYS. DEGREE PHYS. 22d. PHYSICIAN'S 22e. ADDRESS William D. Rosson, M. D. Prince Georges General Hospital NAME (Type) 230. BURIAL TREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (City of Town) (Stote) REMOVAL (Specify) REGISTRAR'S SIGNATURI ADDRESS 2So. REC'D BY REGISTRAR **EUNERAL DIRECTOR** Musslan 30M REV. 1/68 DATE MAR

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MAKYLAND STATE DEPAKIMENT OF HEALTH



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 20. DATE KNOWN Month Doy Year 2b. HOUR (Type or Print) OF ESTI-Page Kellv John 2-25-68 19 noon M Joseph 6. AGE (In years 4 RACE IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD 3 SEX S. DATE OF BIRTH 68 192:50pm M Male White 1-9-1929 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (State or foreign MARRIED NEVER MARRIED 9. COUNTY OF DEATH farm Maryland WIDOWED | DIVORCED [ U.S.A. Prince George's 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.)

U.S. Navy Dep 't

13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER give street oddress)
Prince George Hospital INDEISTRY Give Cheverly Engineer 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN l and 2 w University Parkes | NO | 3410 Penna. Office al George Street ofter 14. FATHER'S NAME First Middle 15. MOTHER'S MAIDEN NAME First Middle John Kelly Katherine Hanley Joseph , u shauld be farwarded to the Chief Medical Examiner's 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Same as (Yes, no, or unknown) (If yes give war ar dates of service) Mrs. Ann E. Kelly event within 72 13 be executed 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Gun shot wound of head "pending" DUF TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gove rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .⊑ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) remaval, 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? certificate, YES NO IX. 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year crematian, ar PRIMARY X OR CONTRIBUTING 2-25- 19 68 Shot self in head at home CAUSE OF DEATH 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY (At home, form, street, City or Town County Stote factory, office building, etc.) WHILE AT WORK AT WORK same as #13 22a. I **certify** that I took charge af the remains described above, held an Autopsy ... Inspection X Inquiry X, and in my opinian the funeral director. death resulted fram: Watural causes 7 Accident 7 Suicide X Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 2-26-68 DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may FO FUNE Health NAME (Type) ADDRESS(Street, city, town, or county) John Kehoe MD Riverdale .Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, REMOVAL (Specify)
Burial 2/28/1968 New Cathedral Cemetery, Baltimore, Maryland. 24. FUNERAL DIRECTOR 254 Carroll St, N.W. 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) Merrie Judge Washington, D.C. 2001 10M REV. 1/68

MAKTLANU STATE DEPAKTMENT OF HEALTH

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/	1	7	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  CERTIFICATE OF DEATH  03036
eath.	uneral 1 and 2 er death.	リ	1. OECEASED-NAME (Type or print) GWENDOLYN A. KINCAID    CERTIFICATE OF DEATH   20. OATE OF DEATH   Month 2   Ooy 111/e0068   2b. HOUR
s after o	by the jun s. Pages 1 hours after		3. SEX Female  4. RACE S. OATE OF BIRTH Oct. 13, 1899  6. AGE (In yeors lif under 1 YEAR IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) YRS.  White
24 haur	d in by		70. BIRTHPLACE (Stote or foreign Suntry)  Vansas  75. CITIZEN OF WHAT COUNTRY?  WIDOWED OIVORCED Prince George
within	campletely filled nave carban pape y event, within 7	00	10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol  University Park  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol  gypetreet of decess)  Thousewife  120. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)  12b. Kino OF BUSINESS OR INSUSTRY  OWN Home
recuted	cample nave cal	16	130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) STATE Md.   13b. COUNTY P. G.   University   13d. IMSIDE CITY LIMITS?   13d. IMSIDE CITY LIMITS?   13d. STREET ANO NUMBER   4201 Tuckerman Street
be ey	and rem	1	14. FATHER'S NAME First Middle Lost S. MOTHER'S MAIDEN NAME First Middle Lost John R. Alsop Emily Jevons
tificate	physician and campletely filled i en please remave carban pape aval, and in any event, within 72		160. WAS DECEASED EVER IN U.S. ARMED FORCES?  Yes 20, or unknown)  16b. SOCIAL SECURITY NO.  17. INFORMANT  Calvin B. Kincaid Same as #13 (husband)
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death	physician. signed by the attending physician and campletely filled i burial-transit permit. Then please remave carban paper burial, crematian, ar remaval, and in any event, within 72		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)  PART I. OFATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate couse (o),  (b)  APPROXIMATE INTERVAL BETWEEN ONSET AND OFATH  APPROXIMATE INTERVAL BETWEEN ONSET AND OFATH  OF AS A CONSEQUENCE OF THE CONSEQUENCE
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SICIAN:	spital ar ertificate ed far t af Hea		Greather, notify medical examiner)    OR CONTRIBUTING   CAUSE OF DEATH   HOUR A.M. Month Coy Yeor   P.M. 19
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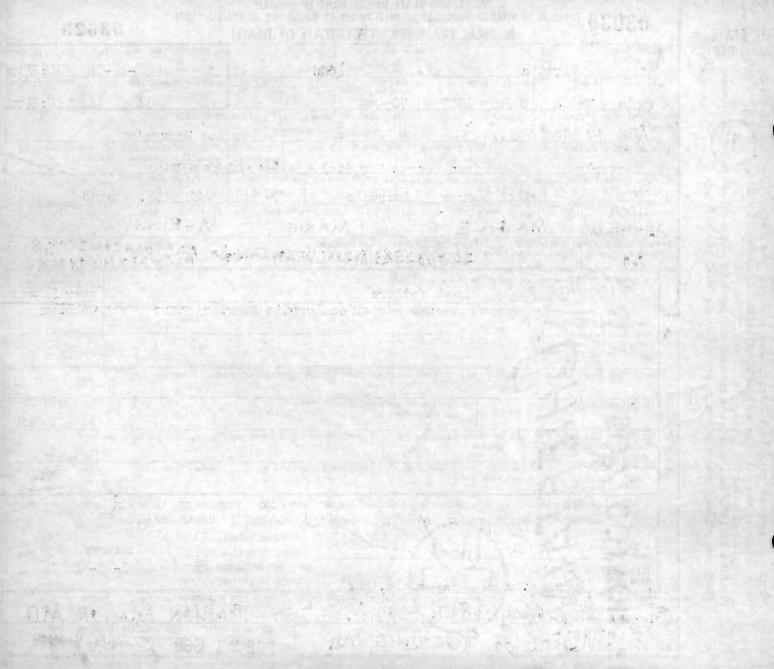
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the fun ages 1 rs after	Male Male	4. RACE White	5. DATE OF BIRTH 7/2/92	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
papers. P	BIRTHPLACE (Stote or foreign puntry) NEW YORK	o. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED NEVER MARRIED DIVORCED	9. COUNTY OF DEATH Prince George's	Md
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y page 3 shauld be detached be filed with the State De	couses-stated above, (	I) (we) (did) (dist sot) view the	ATTENDING 🗗 A	STAFF COL	DATE SIGNED
oe filed	22d. PHYSICIAN'S NAME (Type) Aaron D	Peitz M.D.	DEGREE PHYS.	Plaza, Hyattsv	ille, Md.
23	o. BURIAL, CREMATION, 23b. DAT	1	CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)
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after de 8. Give along w	death.		USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY OR TOWN 13d INSIGE CITY LIMITS 13e. STREET AND NUMBER	
	2 w	M	dmission state Rich County George Riverdale YES NO 5422 56th. Ave	enue
hours Item 1 Office	lond2	14. F	ATHER'S NAME First Middle . Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
24   in    r's Q	Is o	L	ABBAHAM MAGALE MAKINS	
49.3	pages		WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no grunknown) (If yes give war or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT, PARADDRESS SAC ROBERT NELSON LAND DATA DE RESS SAC ROBERT NELSON LA	OMZEUR, S+M
within pencil xamine	File p		(es, no grunknown) (If yes give war or dates of service) 22 0462583 ROBERT NELSON LADD DA, PICO APO	
ed v	it. F hin		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: HOOME failure	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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e execute pending" ef Medical	ansit permit. F event within		Onditions, if ony, which gove )  DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic heart disease	unknown
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ertificat writing warded	used c	TION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
e, v for	e us	CERTIFICATION	WAS PERFORMED?	YES NO E
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ER: certifi		MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M.  CAUSE OF DEATH  P.M. 19	
S e S	~ ~ ~ 5	ME	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town	County Stote
XAN te t	your oge crer		WHILE NOT WHILE TOCFORY, OFFICE Building, efc.)	
L E	CTOR: P buriol,		22a. I certify that I taak charge af the remains described abave, held an Autopsy 🔞 Inspection 🕱, Inquiry 🕱	, and in my apinian
ICA tor.	bur bur		death resulted from: Natural causes 🔀, Acident 🗌, Suicide 🔲, Homicide 🔲, Undetermined manner	
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		00	NAME (Type) John Kehoe MD Riverdale, Md; ADDRESS(Street, city, town, or county)	<i>"</i>
2	25±0	230	REMOVAL (Specify) 2/ 30 Ti / 19/9/ 7 1/9 0 %	(County) (State)
	3	24	FUNERAL DIRECTOR DE ADDRESS 1250, REC'D RY REGISTRAR 256 REGISTRAR S	SIGNATURE
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MAKYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03026 03040 CERTIFICATE OF DEATH 1. DECFASED-NAME First Middle Lost 2o. DATE OF DEATH 2b. HOUR death. and 2 death. Mant 28 Day 968Year 2200 (Type or print) RUTH E. LAFRENIERE FEB ease remave carban papers. Pages I and in any event, within 72 hours after 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years JE DINDER I YEAR IF UNDER 24 HRS that the death certificate be executed within 24 haurs after last birthday) HOTERS CAUCASIAN 10 OCT 1945 FEMALE YRS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH filled in by 8. MARRIED FT NEVER MARRIED WIDOWED DIVORCED [ USA PRINCE GEORGE WASH DC 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR during most at working life, even if retired.) GROWUSAFH NAVY ANDREWS AFB completely 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? admission) ASIAIE LAND PRINCE GEO. RIVERDALE NO 🔯 6005 67th AVE. 14. FATHER'S NAME First 1S. MOTHER'S MAIDEN NAME First Middle Middle VERA LYONS OLIVER ZILER NOLAND 17. INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Address Yes, na, or unknown) (If yes give war or dates of service) transit permit. Then pl crematian, or remaval, DONALD E. NOLAND BROTHER APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CARDIAC ARREST 1 hr. IMMEDIATE CAUSE (o) \_ DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if ony, which gave ) 24 hr MASSIVE HEMORRHAGE rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes 3 weeks (1) THROMBOCYTOPENIC PURPURA PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ficate has been si far use as the b f Health priar to b 19g DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 27 jan 68 CEASAREAN SECTION 21a. ACCIDENT WAS UNDERLYING 121b. TIME OF INJURY 121c YES T NO [ TO FUNERAL DIRECTOR: After this certificate 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year be detached for State Dept. of F (If either, notify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceosed from 27FEB, 168, ta 28 FEB, 1968, that (I) (we) last saw the deceased olive on 28 FEB and 1968, and that in (my) (our) opinion death occurred on the date and hour and from the be retained directar, page 3 shauld shauld be filed with the causes stated abave, (I) (we) (did) (did not) view the body after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING MED. DIRECTOR STAFF PHYS. 28 FEB 68 DEGREE PHYS.

VR A15 (4) 30M REV, 1/68

22d. PHYSICIAN'S NAME (Type)

LEONARD

23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE (County) (State) 23o. BURIAL, CREMATION, REMOVAL (Specify) Virginia Arlington March 4,1968 Arlington National

25b. REGISTRAR'S SIGNATURE 2Sq. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR F. Gasch's Sons Hyattsville, Md.

CAPT USAF MALCOLM GROW USAF HOSP ANDREWS

22e, ADDRESS

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 33027 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. First 1. DECEASED-NAME Middle 2a. DATE KNOWN Manth Day Year (Type or Print) EST1-2-16-68 10 Francis J. Landis DEATH MATED 6. AGE (In years IF LINDER 1 YEAR IF UNDER 24 HRS 3. SEX 4. RACE 5. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 11-9-06 Day 16 Male White 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED 9. COUNTY OF DEATH country sh. D.C. U.S.A. Prince George's WIDOWED | DIVORCED 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 112b. KIND OF BUSINESS OR g with during mast of warking life, even if retired.)
Salesman give street address Geo. Gen. Hospt. Cheverly 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OF SOUTH 13b. COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER the certificate, writing the ward "pending" in pencil in Item 18. G 4 shauld be farwarded to the Chief Medical Examiner's Office alof 13b. COUNTY Prince George's YES NO 204 Audrey Lane 1S. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle Margaret Shugrue Landis George 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes, na, ar unknawn) Wife 577-10-7678 Same as above ves APPROXIMATE INTERVAL executed 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive trauma to head. DUE TO, OR AS A CONSEQUENCE OF burial-transit Canditians, if any, which gave (b) Automobile accident. rise to immediate cause (a), certificate shauld DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? None None YES XX NO 21a, EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 0 21b. TIME OF INJURY Manth, Day, Year should PRIMARY X OR CONTRIBUTING HOUR A.M 2-12-68 Automobile accident CAUSE OF DEATH 5:30 P.M. 21e. PLACE OF INJURY (At hame, farm, street, 21d. INJURY OCCURRED 21f. LOCATION Street or R.F.D. No. City or Town County State factory affice building etc.) 8t. 450 & 50, jtc. WHILE AT WORK AT WORK 22a. I certify that I taak charge of the remains described above, held an Autopsy 15. Inspection X. Inquiry [X], ond in my opinion death resulted fram: Natural causes . Accident XX. Suicide . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE OFTH & 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funeral Feb. 16, 1968 DEPUTY MEDICAL EXAMINER Acting **FXAMINER'S** may Cornelius J. Burns, M.D. ADDRESS(Street, city, town, or county) Cheverly, Maryland NAME (Type) 50 P 23c. NAME OF CEMETERY OR CREMATORY 23g. BURIAL CREMATION. 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Baltimore National em. Baltimore, Md. S.H. Hines Composiny 2901 14th St. N.W. Washington, DIC.

MARYLAND STATE DEPARTMENT OF HEALTH

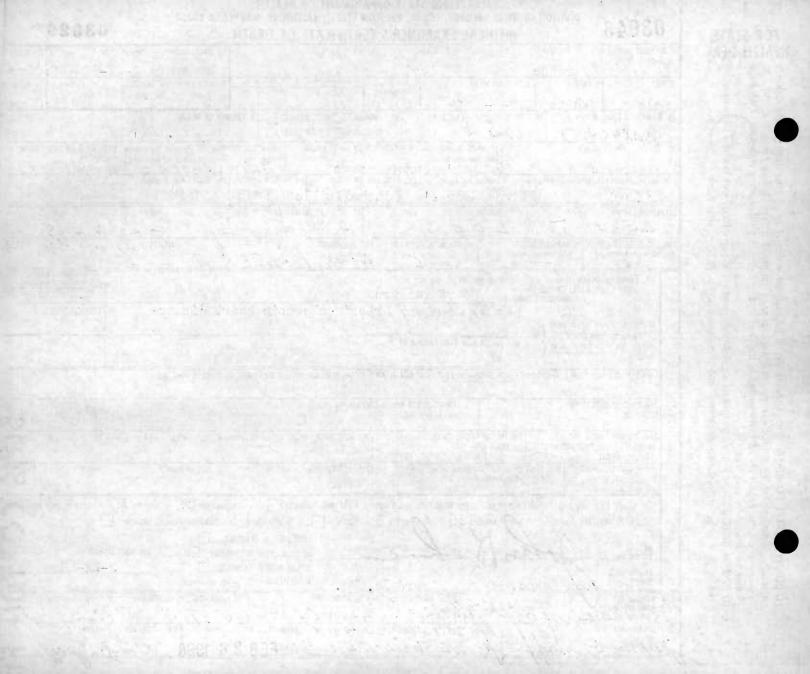
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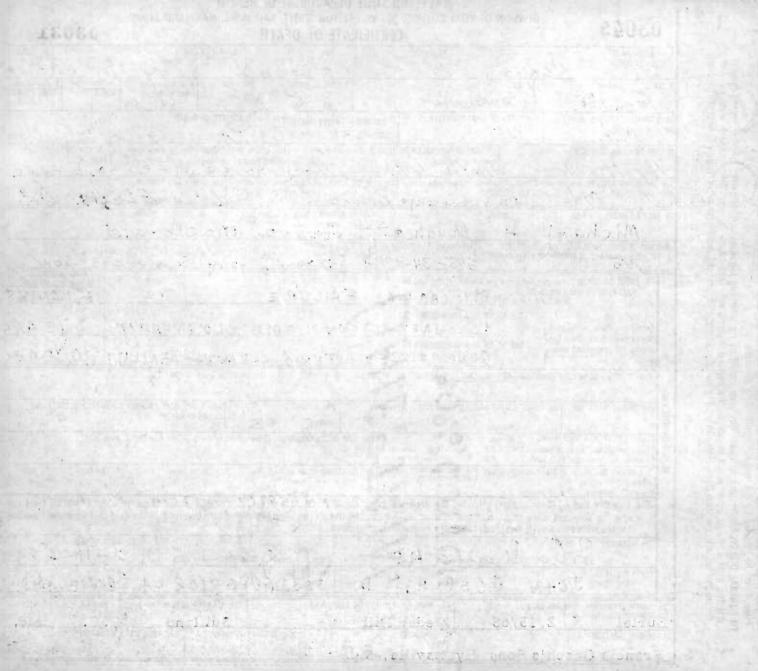
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FOR STATE	03043 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  MEDICAL EXAMINER'S CERTIFICATE OF DEATH	03629
HEALTH DEPT.		ay Year 2b. HOUR
S 0 9 (1)	(Type or Print)  Clarence Levi Lee DEATH MATED 1xt 2-21.	-68 19 5:00anm
and delay is 2, and 3 to PM3. Page	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.   2c. DATE PRONOUNCED DEAD	2d. HOUR
ny delay 2, and 3 PM3. Pa artment	Male White 7-3-1887 80 YRS. HOURS MIN. Month Doy 2	68 19 11:00am
	70. BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
S E	COUNTRY MARYLAND U.S.A. WIDOWED DIVORCED Prince George's	Md.
e, writing the word "pending" in pencil in Item 18. Give Pages 1, farworded to the Chief Medical Examiner's Office along with Fare sused as a burial-transit permit. File pages I and 2 with the State Deemoval, and in any event within 72 hours after death.	10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.)  12. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	2b. KIND OF BUSINESS OR
the the	Riverdale Chamber's Funeral Home FAKM LABORET	FARM
along along deoth.	13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIGE CITY LIMITS? 13e. STREET AND NUMBER	
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Office 1 and 2 after	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Last
r's (	LEVIT. LEE ANNIE E. HAI.	N 2-5
poges hours	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT RT ADDRESS NEW WAY OF CONTROL OF	WINDSOX, MU
File 72	per periodical periodi	APPROXIMATE INTERVAL
onsit permit. Fevent within	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	BETWEEN ONSET AND OFATH minutes
permit.	PART I. DEATH WAS CAUSED BY:    Heart failure	unknown
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Chie fron y e	rise to immediate couse (a), (b)	
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used	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?  21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HQW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item	20. AUTOPSY?
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ر 100 م ر 10 م	21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HQW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Iten PRIMARY OR CONTRIBUTING HOUR A.M.	1 B.)
3 should notion, or	PRIMARY OR CONTRIBUTING HOUR A.M.  CAUSE OF DEATH P.M. 19  21d. INJURY OCCURRED 21e, PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town	County State
cremotion,	WHILE NOT WHILE factory, office building, etc.)  AT WORK AT WORK	
ctor your	220. I certify that I took charge of the remains described above, held on Autopsy, Inspection 🔀, Inquiry 🔀,	ond in my opinion
od bur	death resulted from: Notary couses 🔀 , Agrigent 🗌 , Suicide 🔲 , Homicide 🔲 , Undetermined monner 🗌	
refained DIRECT ior to bu	CHIEF MEDICAL EXAMINER	
AL DIRE	SIGNATURE	
	EXAMINER'S	-22-68
	NAME (Type) John Kehoe, MD Riverdale, Md. ADDRESS(Street, city, tawn, ar county)	
TO FU Heal	236 BURIAL (REMATION) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	County) (Stote)
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MAKTLAND STATE DEPAKTMENT OF HEALTH



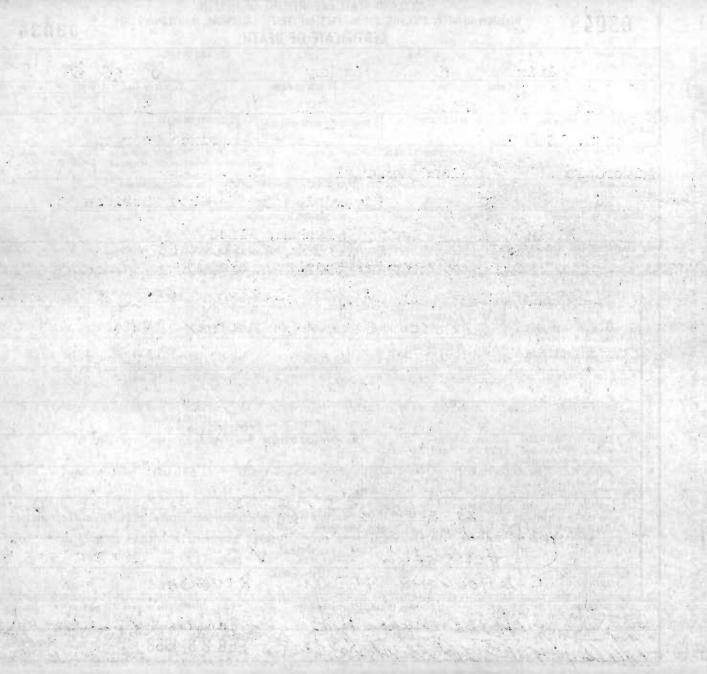
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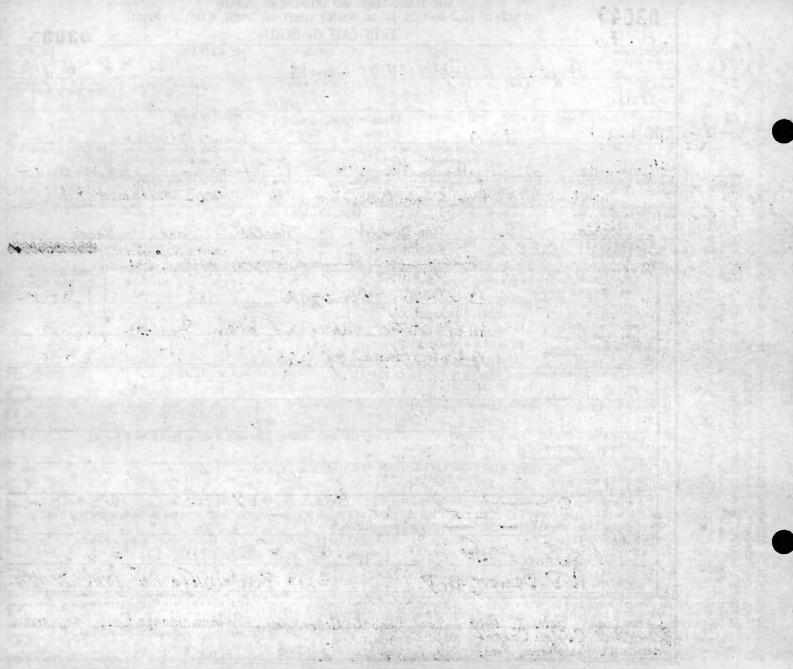
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MARYLAND STATE DEPARTMENT OF HEALTH 03047 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03633 CERTIFICATE OF DEATH I. DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR death uneral 1 and (Type or print) Manth Day Year VERA LUPTON FEBRUARY 1968 12:30 director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers, <u>bages 1</u> should be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after 4. RACE S. DATE OF BIRTH 3 SEX IF UNOER 1 YEAR 6. AGE (In years IF LINDER 24 HRS last bighday) MONTHS HOURS White Female July 11, 1908 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or fareign 8. MARRIED NEVER MARRIED Prince George WIDOWED | DIVORCED | North Carolina U.S.A. within 24 campletely filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during mast af warking life, even if retired.)
Nurse INDUSTRY Hospital Prince George Hospital Cheverly 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER requires that the death certificate be executed admissian) STATE Md Prince George Bladensburg YES X NO 4919 Newton Street 14. FATHER'S NAME First Middle 15. MOTHER'S MAIDEN NAME First Middle and Swinson Joseph L. Lupton physician 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, na, ar unknawn) (If yes give war or dates of service) Hospital Records APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: signed by the attendir burial-transit permit. Interescle. pproved IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Candifians, if any, which gave ) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause A PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) notified 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO X YES 🗆 TO FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter hature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M examiner 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 220. I certify that (I) (this hospital) attended the deceased from 1 = and that in (my) (aur) apinion deoth occurred an the date ond hour and from the saw the deceased glive an 3-1 causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED edical STAFF DEGREE PHYS. DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Aaron Deitz, M. D. Prince George Plaza Cheverly, Md. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23a. BURIAL, CREMATION, BEMOVAL (Specify) 2/14/68 Ft. Lincoln Colmar Manor P.G. Md. 24. FUNERAL DIRECTOR ADDRESS 2Sa. REC'D BY REGISTRAR VR A15 (4) 30M REV. 1/68 Francis Gasch's Sons Hvattsville. Md.

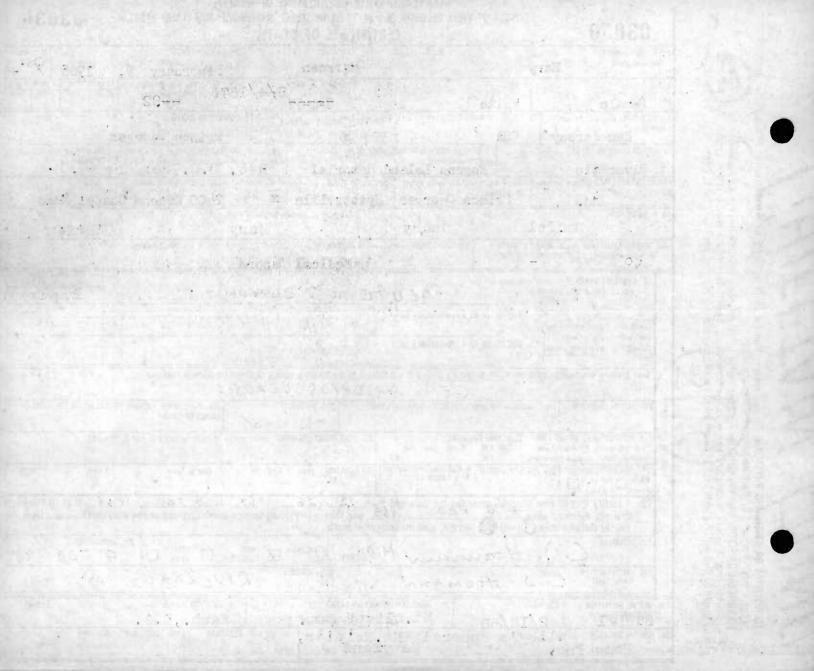
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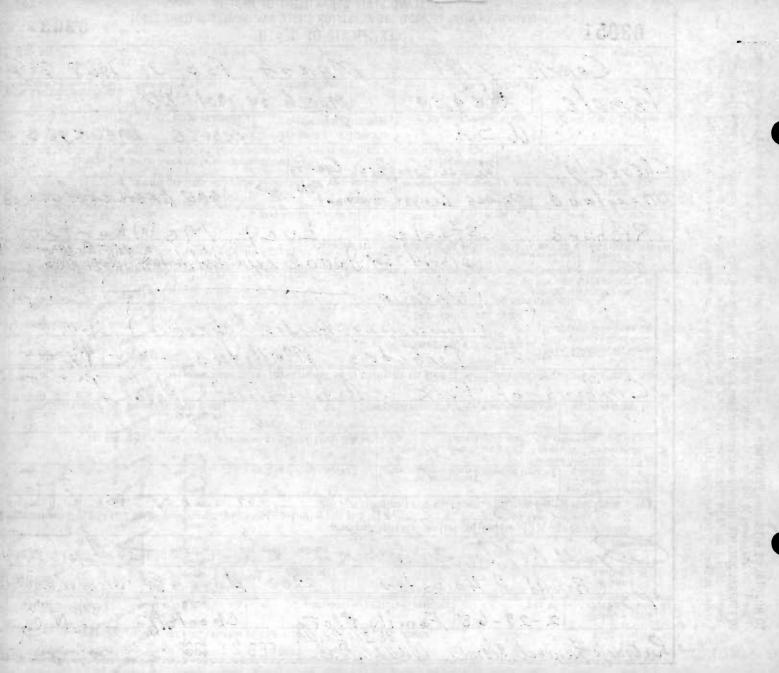


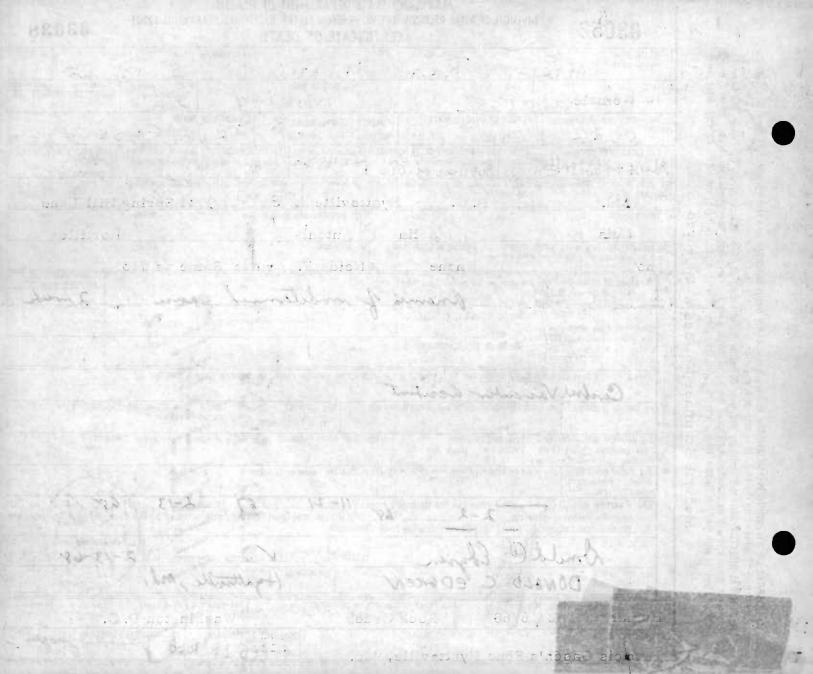
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		13049 DIVISI	ION OF VITAL RECORDS, 30	1 W. PRESTON STREET, BA	LTIMORE, MARYLAND 21201	
		Analis	CE	RTIFICATE OF DEATH		03035
e / 94 e	1. D	EASED-NAME First	Middle	Last	2o. DATE OF DEATH	2b. HOUR
requires that the death certificate be executed within 24 hours after deatl g physician.  I signed by the ottending physician and completely filled in by the funerate burial-transit permit. Then please remove carbon papers. Pages 1 and a burial, cremation, ar removal, and in any event, within 78 hours after deatl	(1	pe ar plint) Accus	DelbertA	Jac Domld	Manth 2 Doy	6 Year 68 929 1
er d	3. SE	4. RA		S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR   IF UNDER 24 HRS.
# E & #		male	Wh. te	7/5/1891	last birthday)	MONTHS DAYS HOURS MIN.
by hours	70.	RTHPLACE (State or foreign 7b. CITIZ	TEN OF HULLT COUNTRIES IO	MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
the sh	coul	rv) i		VIDOWED DIVORCED	Prince Georges	M
ecuted within 24 completely filled, love carbon poperty y event, within 7	10. (	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTIT	UTION (If nat in haspital 12a. U	SUAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
that the death certificate be executed within 2 on.  by the ottending physician and completely filled transit permit. Then please remove carbon paper cremation, ar removal, and in any event, within	1	yathsville.	give street address)	sing Home during	mast af working life, even if retired.)	INDUSTRY NOCAL
d w d w d w	130	INIAI RESIDENCE (Where deceased lived	if institution: Residence before 13	IC. CITY OR TOWN 13d, INSIDE CI		1 /10/2 0/2 -
omp owe (eve	adm	sion) STATEmary land 13b.	COUNTYPINCE GEOGRAS (	College Park YES X	NO 4002 Metzer	eott Kd.
d cc	14. [	THER'S NAME Hist	Middle Lost	US. MOTHER'S MAIDEN NAM	E First Middle	Last
be ex ond e rem lin on		Archie	9. Mac Dor	rald Ame	lia Jane	Trank
physician en pleose oval, and i		WAS DECEASED EVER IN U.S. ARMED FORCE	ES? 16b. SOCIAL SECURITY NO.	17. INFORMANT	, 2113 Rolander	ST. 18 866390666
hys n pl val,	ľ	s, na, ar unknown) (If yes give war ar dates a	220-44-40	02 MRs. Jane Ran	Kin - Adelphi - md	
rer mo		IB. CAUSE OF DEATH (Enter anly one co	use per line far (a), (b), and (c).)/		1	APPROXIMATE INTERVAL BETWEEN, ONSET AND DEATH
ot the death cer the ottending p nsit permit. The mation, ar remo	13	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE	(a) (preteral	Unaxik		1 horr
offer on, c	1	10 -	TO, OR AS A CONSEQUENCE OF	· d	:1	
the or	1	Canditions, if any, which gave)	(b) Metastat	e make mount	brown Jamos	1 mp
thot on on ons rem	18	rise to immediate cause (a), DUI	TO, OR AS A CONSEQUENCE OF	11.		
sicio ed l al-tr		last.	(1) Glioblayo	me of bran	n	6-mo-
The low requires that the death ottending physicion. has been signed by the ottending se as the burial-transit permit. The prior to burial, cremation, ar re		PART 2. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE (	DR CONDITION GIVEN IN PART 1(a)	Final Control
ng en he to	Z	1930				
YSICIAN: The low recopital or ottending a certificate has been a thed for use as the beat of Health prior to be the control of t	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITIO	N FOR WHICH OPERATION WAS PERFO		20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
The off of the second of the p	I E			YES NO		2.0
I or cote			b. TIME OF INJURY OUR A.M. Manth Day Year	21c. HOW INJURY OCCURRED (E	nter noture af injury in Port 1 or Part 2,	Item 1B.)
pitd prita prita pid fa of F	MEDICAL	(If either, notify medical exominer)	P.M. 19			
HYS hos s ce sche sche	×	21d. INJURY OCCURRED 21e. PLACE Of While Not while	F INJURY (AT HOME, FARM, STREET, FACTOR OFFICE BUILDING, ETC.	Y.) 21f. LOCATION Street or R.F.D.	No. City or Town	County Stote
the this detected the Deep control of the Deep		at wark at wark				
by frer be Stat	0.	22a. I <b>certify</b> that (1) (this hosp	ital) attended the deceased	fram 11 19 19	0 7, ta 2 - 6 , 19	, that () (we) las
R: A		saw the deceased alive an	(did) (did not) view the hou	<b>zz</b> , and that in (my) ( <del>our)</del> ( dv after death	apinian death accurred an the da	te and naur and tram th
ATTENDING PHYS retained by the hos ECTOR: After this ce 3 should be detoche with the State Dept.	Н	22b. SIGNATURE	(ala) (ala-not) view ine ba		22c.	DATE SIGNED
OR be re		1 Assames	·Mit	DEGREE PHYS.	MED. STAFF PHYS.	=-6-68
AL C L Did L Did file file		22d. PHYSICIAN'S	4. 6	22e. ADDRESS	2 11 0. 1.0	1.111:111
may may r., pog		NAME (Type) K - V . 17 K	MER MIV.	2513	WEKI DAGE ILAK-	XHE/phi 10 A
O HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the hospital or O FUNERAL DIRECTOR: After this certificate director, page 3 should be detoched for u should be filed with the State Dept. of Heal	23a	BURIAL, CREMATION, 23b. DATE	23c. NAME OF CEA	METERY OR CREMATORY	23d. LOCATION (City ar Tawn)	(County) (State)
Sh dir	(	REMOVAL (Specify)	1968 Fort Pi	scoln Crematary	Prince George Co	. Maruland
VR A15 (4)	13	UNERAL DIRECTOR C. Glen Co	inter 8434 ADDRESS	25g. RFC	D BY REGISTRAR 256 REGISTRAR'S	SIGNATURE COLOR
30M REV. 1/68	W	rner E. Pumphrey,	Inc. Silver Sn	ring (Id DATE	LFD 19 1000	00



MAKYLAND STATE DEPARTMENT OF HEALTH







		- 1	MARTLAND STATE DEPARTMENT OF HEALTH
1			03053 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
7	64		CERTIFICATE OF DEATH 03039
,	€ 30€/	1	DECEASED-NAME (Type or print) Co. DATE OF DEATH  20. DATE OF DEATH  Nonth Doy Year  2b. HOURD
	de de de	32	(Type or print) CARLAND G. MANUES Feb. Month Doy 1968 11:25
	Te E	7 3	SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years if under 1 year if under 24 HBS.
	the the age	26	Male   Negroid   9/13/03   64 'YRS.
	by by inot	3 7	o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
	24 hours after death ed in by the funeral pers. Pages 4 and 72 hours after death	10	North Carolina U.S.A. WIDOWED DIVORCED Prince Georges
	fill fill	1	0. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR
-	physicion.  physicion.  signed by the attending physician and competed filled in by the buriol-tronsit permit. Then please remove carbon papers. Pages burial, cremation, or removal, and in any event, within 72 hours aft	3	Cheverly Prince Geo. Gen'l Hospital during most of working life, even if retired.) INDUSTRY
	PHYSICIAN: The low requires that the death certificate be executed with hospital or attending physicion. This certificate has been signed by the attending physician and completed this certificate has been signed by the attending physician and completed stockhed for use as the burial-transit permit. Then please remove carbo Dept. of Health prior to burial, cremation, or removal, and in any event, we	0 0	30. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER
	Se	Mr. F	dmission) STATE 13b. COUNTY Maryland Prince Georges Brentwood YES NO 3924 Allison St.
	eme em	77	4. FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle Lost
	be n air	8	Ezia Mayes Cora Tilley
	an an an	2	(60. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give wor or dates of service)  16b. SOCIAL SECURITY NO. 17. INFORMANT Address Wife
	青 专 B A	4	Marion Mayes - 3924 Allison St. Brentwood Md
	attending permit. The	1	1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY:  Massive Intercerebral Hemorrhage, left
	adfindiin		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Massive Intercerebral Hemorrhage, left
	afte afte on, o		427 / DUE TO, OR AS A CONSEQUENCE OF
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	equires the physicion signed by buriol-tro buriol-tro buriol, cre		lost. Pulmonary edema and congestion
	phy phy sign suri		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
			z 434, 2
	AN: The low re al or ottending icote has been for use as the Health prior to		196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES XX NO  200. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED. (February in Part 1 or Part 2 them 18.)
	e has	1	YES XXX NO CAUSES OF DEATH? Yes
	or of early early		
	Clarification of the state of t		GOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year  (If either, notify medical examiner) P.M. 19  21d INITIAL OCCUPATION Street of R.E.D. No. (the or Town County Co
	by the hospital for this certificate this certificate be detoched for store Dept. of H		
	he this leto De		While Not while of work of work
	ATTENDING etoined by th CTOR: After t should be de		22a. I certify that (* (this hospitol) ottended the deceased from Feb. 24, 1968, to Feb. 24, 1968, that (*) (we) las
	NO Sed He		22a. I certify that (*) (this hospitol) ottended the deceased from Feb. 24, 1968, to Feb. 24, 1968, that (*) (we) las saw the deceased alive on Feb. 24, 1968 and that in (xxx) (our) apinian death occurred on the date and hour and from the couses stated above, (*) (we) (did) (didox) view the body after death.
-	No sin H		
	OR ATTEND be retoined JIRECTOR: A B 3 should ed with the		22b. SIGNATURE  DEGREE PHYS.  DIRECTOR PHYS.  DIRECTOR PHYS.  22c. DATE SIGNED  22c. DATE SIGNED  22c. DATE SIGNED
	Ped		
	SPITAL 4 moy VERAL for, pog	1	22d. PHYSICIAN'S NAME (Type) RUFRANCHI no 22e. ADDRESS 7729 Finn's Lane, Lawham and
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low range 4 may be retained by the hospital or ottending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	-	
	Poge of Fun	4	30. BURIAL (REMATION, REMOVAL (Specify) 23b. DATE 29-68 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Store)
		1	24. FUNERAL DIRECTOR / 25b. REGISTRAR'S SIGNATURE
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

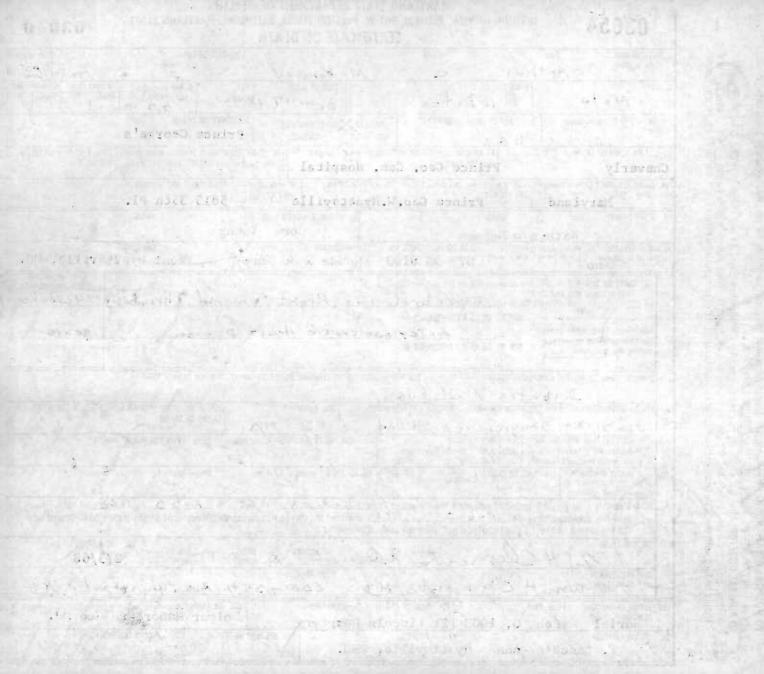
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A	2	3. SE							3 1968	IF UNDER 24 HRS.
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Diabetes Mel(itus  190. Date of operation   19b. condition for which operation was performed   20a. Autopsy?   20b. If yes, were findings considered in Certify (Ausses of Death?)  20b. If yes, were findings considered in Certify (Ausses of Death?)  20b. If yes, were findings considered in Certify (Ausses of Death?)  20c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)  3   3   3   4   5   5   6   6   6   6   6   6   6   6	our			7b. CITIZEN OF WHAT C	OUNTRY? 8. MAR				1100	
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Jan 31,1968   9 mgrene of Right Leg   YES   NO   CAUSES OF DEATH		CATIO	190. DATE OF OPERATION 19b.	CONDITION FOR WHICH C	PERATION WAS PERFORME	D 20a. AUTOPS	Y?		INGS CONSIDERED IN CER	TIFYING
21b. TIME OF INJURY    Corcontributing   Cause of Death   P.M.   Hour A.M.   Month   Doy   Year   Ye	2	RIF	Jan 31,1968 9	Imgrene of	F Right Leg	Total	-			
19   21d. INJURY OCCURRED   21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.)   21f. LOCATION Street or R.F.D. No. City or Town County   21d. INJURY (OFFICE BUILDING, ETC.)   21f. LOCATION Street or R.F.D. No. City or Town County   22a. I certify that (I) (this haspital) attended the deceased fram						21c. HOW INJURY OCCUR	RED (Enter noture	e of injury in Port 1 or Po	ort 2, Item 18.)	
21d. INJUNT OCCURRED   21e. PLACE OF INJUNT (ATTOMAC, STREET, FACTOR)   21f. IDCATION   Street of R.F.D. No.   City of fown   County		MEDIC	(If either, notify medical examination)	ner) P.M.	19	016 106171011 6	DED N	<i>-</i>		Chan
22a. I certify that (I) (this haspital) attended the deceased from Dec 28, 1967, to Feb 3, 1968, that (I) (saw the deceased alive an Feb 2 1968, and that in (my) (aur) apinion death accurred on the date and haur and is causes stated abave, (I) (we) (did) (did nat) view the bady after death.  22b. SIGNATURE  22c. DATE SIGNED 22d. PHYSICIAN'S NAME (Type) Wm H Clements, MD 22e. ADDRESS NAME (Type) Wm H Clements, MD 22e. ADDRESS			While Not while 21e.	PLACE OF INJURY (AFR	CE BUILDING, ETC.	211. LOCATION Street of	or K.F.D. No.	City or Town	County	Stote
saw the deceased alive an Feb 2 1965, and that in (my) (aur) apinion death accurred on the date and haur and causes stated abave, (I) (we) (did) (did nat) view the bady after death.  22b. SIGNATURE  22c. DATE SIGNED  22c. DATE SIGNED  273/68  22d. PHYSICIAN'S  NAME (Type) Wm H Clements MD 2001 - 35th Ave, Hy = HSVILLE, Maxwelle, Maxwe	100		22a   certify that (1) (th	is hasnital) attende	ed the deceased from	n Decz8	- 1967.	to F45 3	. 19 48 . that !	1) (we) last
22b. SIGNATURE  22b. SIGNATURE  22c. DATE SIGNED  22c. DATE SIGNED  22d. PHYSICIAN'S  NAME (Type) Wm H Clements Mt	3		saw the deceased a	live on Feb	2 1968	and that in (mv)	(aur) apinion o	death accurred on th	he date ond haur a	nd from the
22d. PHYSICIAN'S  NAME (Type) Wm H Clements MD 22e. ADDRESS  LOCI-35th Ave, Hy = HSVILLE, ME	3			e, (I) (we) (did) (did	nat) view the bady o	itter death.			20. DATE CICAED	
22d. PHYSICIAN'S NAME (Type) Wm H Clements, MD (2001-35th Ave., Hy=t+sville, Mo	*		22D. SIGNATURE	Clem	to his	DEGREE ATTENDING	MED.	STAFF		
NAME (Type) Wm H Clements, MD 6001-35th Ave, Hyattsville, M						22e. ADDRES		K — FIII3. — [	()/	
	ane		NAME (Type) Wm	HClen	rents, M	D 600	1-35+	Ave, Hy	attoville,	Md
230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY (Str. REMOVAL (Specify) Fig. 1 Co. 1 C	1	230.	DEMOVAL (Consider)				23d.	LOCATION (Gity or Town)	(County)	(Stote)
	3.2	24		b 6, 1968		Cemetery				•
24. FUNERAL DIRECTOR  ADDRESS F. Gasch's Sons Hyattsville, Md.  ADDRESS DATE B 0 968 25b. REGISTRAR'S SIGNATURE	5 (4) 7, 1/68	24.		s Sons H		Md.	TEB REGI	1968 KEGIS	LICENTED THE	1

24 hours after deoth.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

Poge 4 may be retained by the hospital or attending physicion.



	MARYLAND STATE DEPARTMENT OF HEALTH
1/1/1	03055 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
· VI)	CERTIFICATE OF DEATH 0.3.041
and 2 death.	DECEASED-NAME First Middle Lost 20. DATE OF DEATH (Type or print) Month Doy Yeor
	Frederick Wa Meade Feb. 5, 1968 6 P
3	S. DATE OF BIRTH  6. AGE (In years   If under 17 Har   If under 24 HRS.    1. SEX   4. RACE   5. DATE OF BIRTH   6. AGE (In years   If under 17 Har   If under 24 HRS.    1. SEX   6. AGE (In years   If under 17 Har   If under 17
	Male Caucasian OA 33, 1886 81 MONTHS DAYS HOURS MIN.
	o. BIRTHPLACE (Stote or foreign   7b. CITIZEN OF WHAT COUNTRY?   8. MARRIED   NEVER MARRIED   9. COUNTY OF DEATH
	Mew York U.S WIDOWED DIVORCED Prince Georges
	O. CITY OR TOWN OF SEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital   12a. USUAL OCCUPATION (Kind of work done   12b. KIND OF BUSINESS OR
4	Cheverly Prince Geo. Gen'l Hospital during most of working life, even if retired.)  APING  AFRITZ CO
7	30. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY UMITS? 13e. STREET AND NUMBER
16	dmission) STATE 13b. COUNTY Prince Georges Landover YES NO 128 Hunt Avenue
1	4. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost
	EDWARD MEADE JESSIE BUNCE
	160. WAS DECEASED EVER IN U.S. ARMED FORCES?  Yes, no or upknown) (If yes give wor or dotes of service)  T77 38 0583  POCER MEANE DUNKIRK, MD
	NO NOCE TAILED.
	18. CAUSE OF DEATH (Enter only one couse per line-for (o), (b), and (c).
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cloute Valmonery Edone 2 hours
14	4/29 DUE TO, OR AS A CONSEQUENCE OF
	(conditions, if only, which gove) (b) arterio - selevates I sease 10 genes
	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF
	lost. 4200 (c)
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
	Elurecular Jefullation Controlled by degitales
9	190. DATE OF OPERATION 195 CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  210. ACCIDENT WAS UNDERLYING 21b. TIME OF INITIRY 22b. HOW INITIRY OCCURRED. (Enter nature of initiry in Port 1 or Port 2 Item 18.)
*	YES NO XX CAUSES OF DEATH?
1	(If either, notify medical examiner) P.M. 19
	While Not while of work of work
	22a. I certify that (I) (this has eight) attended the deceased from 1955, 19, to Feb. 5, 1968, that (I) (we) to sow the deceased alive on Feb. 5, and that in (my) (sex) opinion death occurred an the date and hour and from the
	causes stoted obove, (I) (xxx) (did) (xxxx) (did) (xxxxx) (did) (xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
	22b-SIGNATURE 22c DATE SIGNED
,	Theres In I believe DEGREE PHYS. ATTENDING DIRECTOR DIRECTOR PHYS. Feb. 6, 1968
1	22d. PHYSICIAN'S 22e. ADDRESS
	NAME (Type) Thomas M. Hutchins, M. D. 7315 Landover Rd., Landover, Maryland
	230. BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
0	SEMOVA (SPERTY) & FEB 1968 FORT LINCOLN CEM COLMAR MANOR MARYLAND
1	24. FUNERAL DIRECTOR (1) A 1 B B B C P ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
1	W.W. CHAMBERS GO RIVERDALE, MD DAFEB 8 1968 Ocharles Judge

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and wall began	*		Market Name	

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03056 03642 CERTIFICATE OF DEATH DECEASED-NAME Middle Last 2a. DATE OF DEATH 2b. HOUR pub (Type or print) funeral Manth Edward KENNETH Miles Feb. burial-transit permit. Then please remave carban papers. Pages 1 burial, cremation, ar remaval, and in any event, within 72 haurs after 4. RACE 3. SEX S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) HOURS the Male Caucasian 66 Dec. 19, 1901 YRS requires that the death certificate be executed within 24 hours campletely filled in by 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED [ DIVORCED Prince Georges 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired,) INDUSTRY Prince Geo. Gen'l Hospital Cheverly 13e. STREET AND NUMBER 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13b. COUNTY Maryland 18 50th Ave Capital Hehts Georges 14. FATHER'S NAME MOTHER'S MAIDEN NAME First First Middle Lost Middle and attending physician permit. Then please 16b. SOCIAL SECURITY NO. 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND CEAT PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF the Conditions, if any, which gave ) signed by the burial-transit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) **CO FUNERAL DIRECTOR:** After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta CERTIFICATION 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NOXXX YES 🗍 4 may be retained by the hospital ar 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY State City or Tawn County While Not while at work 220. I certify that (k (this hospital) attended the deceased from Feb. 4, 1968, ta Feb. 4, 1968 19\_68, and that in four (our) apinian death accurred on the date and haur and from the saw the deceased olive an reb/4 1968, and that couses stated above, (\*) (we) (did) (\*\*) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE STAFF PHYS. DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Prince Georges General Hospital Riccardo Franchi M. 23c. NAME OF CEMETERY 23b. DATE OR CREMATORY 23d. LOCATION (City or Town) (State) 23a. BURIAL, CREMATION (County) REMOVAL (Specify) Suittan

READ BY REGISTRAR

DATE

2Sb. REGISTRAR'S SIGNATURE

1968

VR A15 (4) 30M REV. 1/68 24. FUNERAL DIRECTOR

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

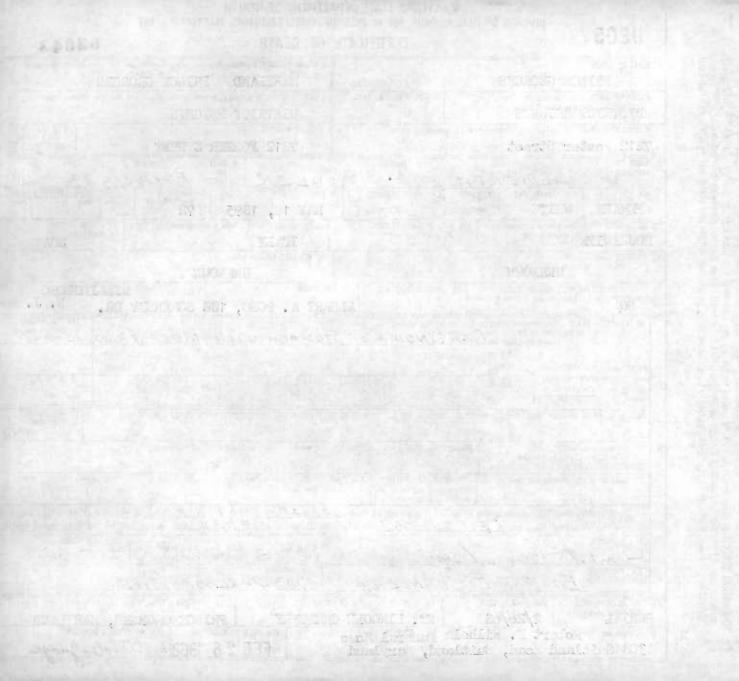
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haur after death

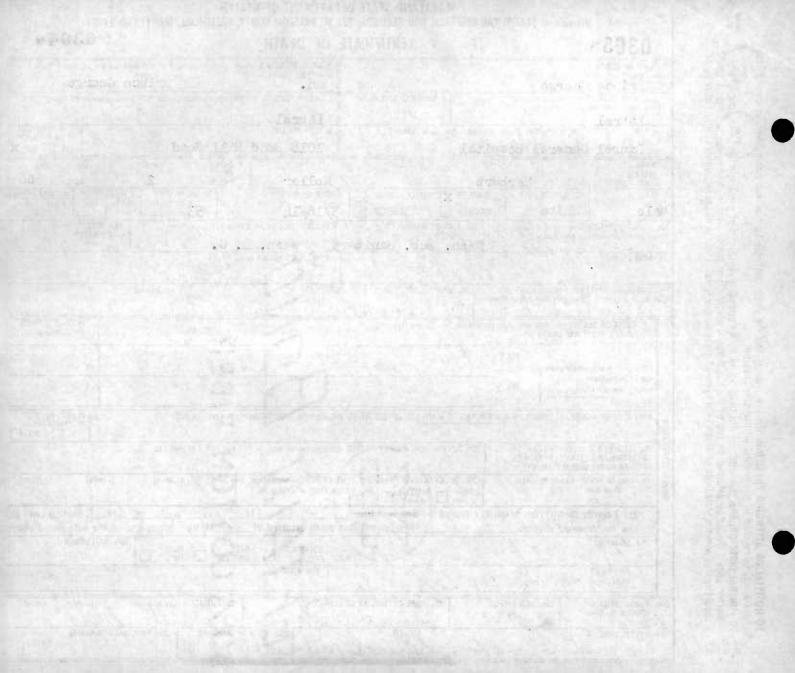
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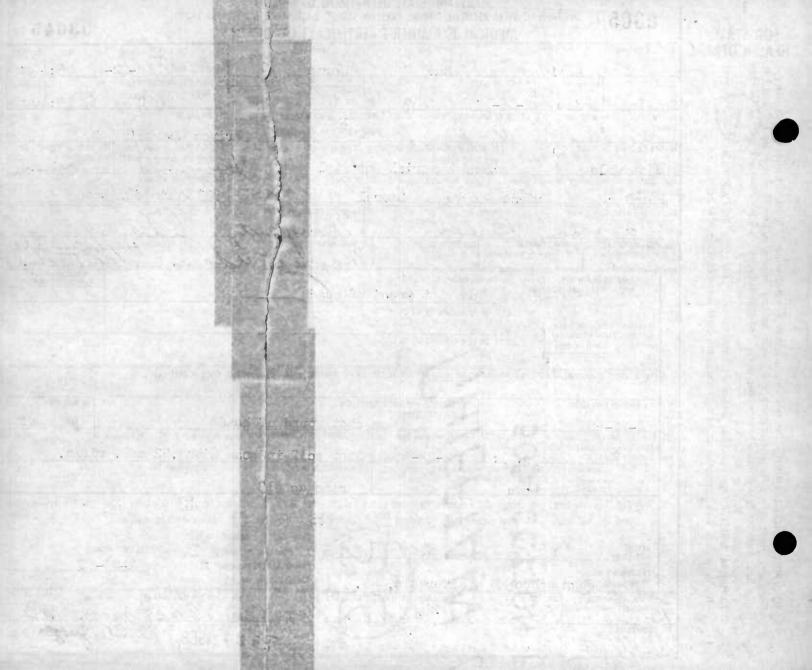
and death		1.	PLACE OF DEATH				2. USUAL RESIDENCE (V	Vhere deceosed lived, if institu		efore odmission)
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s. Pages 1 haurs after			DISTRICT OF HEIGHT				DISTRIC	T HEIGHTS		
frs.			. NAME OF HOSPITAL OR INSTITUTION	(If not in hospitol,	give street oddress)		d. STREET ADDRESS			e. IS RESIDENCE
physician. signed by the attending physician and camplet by filled in burial-transit permit. Then please remave carban-papers. burial, crematian, ar remaval, and in any event, within 72 h	00	_ '	7212 Foster Stre	et	. Butter - I		7212 FC	SEER STREET		ON A FARM? YES NO K
263	16		NAME OF DECEASED	First	Middle		Lost	4. DATE Mor	nth	Doy Year
let arb nt,	1		Type or print) ALB	ERTIN	E A.		HLER	DEATH /E/3R		
ve (	- 1	S. :		CE 7. MARRIED	NEVER MARRIED	8	. DATE OF BIRTH	9. AGE (In yeors lost birthdoy)	Months Do	
d co			FEMALE WHITE	WIDOWED	DIVORCED		MAY 19, 18	90 12 yrs.		
e re		10o	USUAL OCCUPATION (Give kind of world on the composition of working life, even if retired)		IND OF BUSINESS OR IDUSTRY			& Stote, or foreign country)	12. CITIZEN COUNTR	2 Y 2
cian		_	HOUSE WIFE life, even if retired)		DOSTRI		ITALY			USA
hysi In pl		13.	FATHER'S NAME	***			14. MDTHER'S MAIDEN N			
g pl			UNKNO					NKNOWN		
it. it.		IS. (Ye	WAS DECEASED EVER IN U.S. ARMED FO s, no, or unknown) (If yes give wor or	RCES? 16.	SDCIAL SECURITY ND.		FORMANT		resWILLING	
attendi permit. ian, ar r		,	NO (			ALE	ERT A. BOSC	, 188 SOMERSE		N. J.
the c sit p			18. CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B			-				INTERVAL BETWEEN
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aspital ar certificate hed far u it. af Heal		MEDICAL CERTIFICATION	20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATI		SCRIBE HOW INJURY OC	CURRED. (	Enter noture of injury in I	Port I or Port II of item 18.)		
hasp is cert achec		AL C	(IF EITHER, NOTIFY MEDICAL EXAMINER	/	This accounts I			1 201 (6)	(6	10:
0		EDIC	20c. TIME OF INJURY Month, Doy, Hour o.m.	While			E OF INJURY (Home, farm ry, street, office bldg., etc.)		(County)	(Stote)
by the		~	p.m.	19 of wor	k U ot work U		4			
Af in Af			21. I certify that (I) (thi saw the deceased alive	haspital) atten	ded the deceased	trom 5	ANVARY,	96/, to FEG	23, 1960,	that (I) (we) las
aine TOR TOR			22a, SIGNATURE	n_/ 50.	1460,0	na mar	death accorred ax	M, Iram causes	22b. DATES	
be retained DIRECTOR: ) je 3 shauld ed with the			C. SIGNATURE AC (Un	/.	in	M.D	ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS. [	2-23	4
Dige			22c. PHYSICIAN'S	meca	)	M.D	22d. ADDRESS	DIRECTOR LA PHIS. L		00
RAL Pe	-1		NAME (Type) ERNUT.	51 E.C	ORNELSE	W	5103 MA	RLBORD Pi	KE	
ine 4		230	BURIAL CREMATION. 23b. D.	TE THEREOF	T 23c. NAME OF CEME	TERY OR C		23d. LOCATION (City or To	own) (Cou	nty) (Stote)
Page 4 may be retained  TO FUNERAL DIRECTOR: A directar, page 3 shauld should be filed with the 9		1	DEMONIAL IC 11 )	26/68	FT. LINCO				GES. MAI	
- 5	R		FUNERAL DIRECTOROBERT I		A FUTABORESS TO	Icma			EGISTRAR'S SIGNA	TURE
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03844 03054 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY Md STATE Prince George Prince George ease remove carban papers. Pages I and in any event, within 72 hours after MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Laurel Laurel ed in d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS 1018 Bond Mill Road Laurel General Hospital NO IN YES NAME OF Middle 4. DATE First Last Manth Year remove carban Day campletely DECEASED (Type or print) OF Moller 2 68 Herbert 19 DEATH requires that the death certificate be executed S. SEX 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED TO **NEVER MARRIED** birthday) Manths Days Hours White Male /16/14 WIDOWED DIVORCED and c 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during mast af working life, even if retired) INDUSTRY COUNTRY? the attending physician sit permit. Then please Wash. Sub. Sanitary Wash. D. C. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, cremation, ar remaval, 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address (Yes, na, ar unknown) (If yes give war ar dates of service) 18 CAUSE OF DEATH (Enter only one cause per line for (a) o(b). INTERVAL BETWEEN signed by the burial-transit p PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) physician. DUE TO Canditians, if any, which gave (b) rise to immediate cause (a), DUE TO stoting the underlying couse Page 4 may be retained by the haspital ar attending prior to the has been last. SD PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? far use State Dept. af Health NO TO FUNERAL DIRECTOR: After this certificate 20g. ACCIDENT WAS UNDERLYING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II af item 18.) OR CONTRIBUTING CAUSE OF DEATH be detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (County) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City or tawn) (State) Haur a.m. While Nat While factory, street, affice blda., etc.) at wark at work 21. I certify that (1) (this haspital) attended the deceased fram . 19 5 , 1960, that (1) (we) last , ta. 3 shauld director, page 3 shauld shauld be filed with the and that death accurred at 3 PM, fram causes and an the date stated above. saw the deceased alive an 22a. SIGNATURE 22b. DATE SIGNED ATTENDING DIRECTOR PHYS. M.D. PHYS 22d. ADDRESS 22E PHYSICIAN'S NAME (Type) NAME OF CEMETERY OR CREMATOR) 23a. BURIAL CREMATION 23b. DATE THEREOF 23c. 23d. LOCATION (City or Town) (Stote) (County) REMOVAL (Spetify) 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Mens as 20 M 1/66



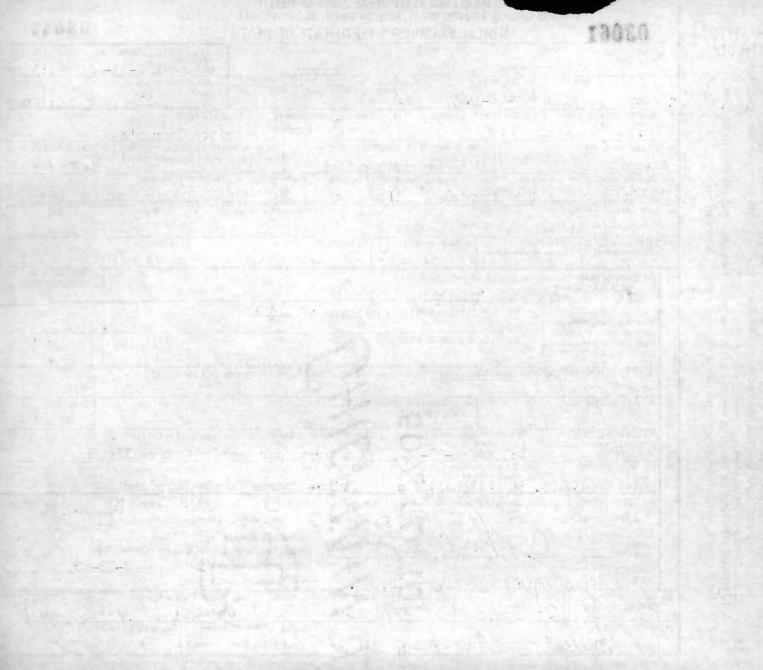
		MARYLAND STATE DEPARTMENT OF HEALTH	
EOD STATE		03050 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMOR, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	03645
HEALTH DEPT	1 0		
THE PERMIT		ype or Print)	Day Year 2b. HOUR
- m 0	3. SI	Mary Sue Moran DEATH MATED 2-22  X 4. RACE 5. DATE OF BIRTH 6. AGE (In yours of F UNDER 1 YEAR OF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD	
- TO W		last birthday) Months DAYS HOURS MIN Month Provided Day	Year _ 2d. HOUR
ny de l' 2, and m Pras		male   White $ 2-10-1931 $   37   163.   2   22	68 19 3:4.0pm M
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deoth e Poge with t		give street oddress)	INDUSTRY /
offer de long w long w ith the ath.		Riverdale   Teland Memorial Hospital   Hospi	Name
e wi	9	mission) STATE   13b. COUNTY   Prince George Laurel   VES 2 NO   933 Park Hill	Road
hours Item 18 Office I and 2	_	ATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle	Last
		Carroll Baker Manual 1/1	
hin 24 ncil in niner's poges hours		VAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17_INFORMANT ADDRESS 4	ble soulle
within 2 n pencil ii Exominer File poges	(Y	as, no, or unknown) (If yes give war or dates of service) Masquet Walans	Rentischer
in per I Exon File in 72		18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND BEATH
be executed "pending" in nief Medical E nnsit permit. F event within		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Gun shot wound of head	DELWEEN ONSET AND DEATH
e execut pending' ef Medica isit permi		955 X DUE TO, OR AS A CONSEQUENCE OF	
d be (d 'pel Chief fransit		Conditions, if ony, which gove )	
world world the Ch rial-trc		rise to immediate cause (a), (b) DUE TO, OR AS A CONSEQUENCE OF	
S > ± 'E _		lost. (c)	
0 + +		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
certificate, writing the forwarded to used as a semoval, and	z	976 X	
is certific te, writin forward e used o removol,	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
	ZTIF1	2-22-68 Gun shot wound of head	YES NO 🔀
#		210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year PRIMARY 67 OR CONTRIBUTING 1 HOUR A.M. 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, It	em 18.)
INER: The certification of the	WEDICAL	cause of Death April 3:00 em 2-22-19 68   Shot self in head with .22 cal.	rifle.
(AMINER: te the certi le 4 should your files. oge 3 shou	ME	21d. INJURY OCCURRED 21e. PTACE OF INJURY (At home, farm, street, foctory, office building, etc.) 21f. LOCATION Street or R.F.D. No. City or Town	County State
~ = 0 ~ ^	- 0	at work L at work k home same as #13	
ICAL EXA		220. I certify that I took charge of the remains described above, held an Autopsy 🗍 Inspection 🗓, Inquiry 🗵	- ' '
		deoth resulted from: Notyral couses , Accident , Suicide , Homicide , Undetermined monner	
please I direct retaine DIREC	3	CHIEF MEDICAL EXAMINER	
TY, ple	٠.	ACTUAL SIGNATURE	
Ssory, p funeral oy be r INERAL th pric		EXAMINEKS	3-68
TO DEPUTY necessory, pl the funeral of 5 moy be re TO FUNERAL I Health prior		NAME (Type) John Kehoe MD Riverdale, Md. ADDRESS(Street, city, town, or county)	
07 = 20 H	230	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(County) (State)
	1	Durial 1 ct 26/968 DALTIMORE NATE COM 10 ALIEM	ORE MP
V 11011 15	24.	PONERAL DIRECTOR ADDRESS 250. RECD BY REGISTRAR 25b. REGISTRAR'S PONERAL DIRECTOR DATE F B 2 7 1968 PONERAL DIRECTOR	GNATERINGS
VR A15ME [5]	1/	le III ett Nanaldon Laurel Md DAFFE & 1 1966 govern	// /



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03047 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT 1. DECEASED-NAME First Middle 2g. DATE KNOWN Manth 2b. HOUR (Type or Print) deloy nd 3 to Poge ESTI-DEATH MATED & 2-11-68 35apm Raymond Hugh Mosser 4. RACE 6. AGE (In years IF UNDER 24 HRS. 3. SEX S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR Male White 7-26-1927 19 6: 50 apm M 40 YRS 2, P. 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH should be forwarded to the Chief Medical Examiner's Office along with form the Stote De WIDOWED [ DIVORCED Prince George's Item 18. Give Poges 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR 12a, USUAL OCCUPATION (Kind of work done during most of warking life, even if retired.) give street address)
Prince George Hospital Cheverly death. 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? l and 2 with 13e. STREET AND NUMBER NO K 12 Cherry Road ofter 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First First Middle Inst omer hours .⊑ poges 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. pencil **ADDRESS** (Yes, na, or unknown) (If yes give war or dates of service) MiosseR FRONCES APPROXIMATE INTERVAL within .⊆ executed 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND GEATH permit. PART I. DEATH WAS CAUSED BY "pending" IMMEDIATE CAUSE (a) Laceration of brain event DUE TO, OR AS A CONSEQUENCE OF Fracture of skull buriol-tronsit Canditians, if any, which gave rise to immediate cause (a), certificate should the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .⊆ pup PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 removal, used 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, YES T NO F 21b. TIME OF INJURY Manth, Day, Year buriol, cremotion, or 21a. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. Driver of car involved in collision :35mm CAUSE OF DEATH 21d. INJURY OCCURRED 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY (At home, form, street, City or Town County State factory, affice building, etc.) FUNERAL DIRECTOR: Page WHILE NOT WHILE X Mitchelville Prince George County Maryland 22a. I certify that I taak charge of the remains described above, held an Autopsy ... Inspection X. Inquiry X, and in my apinian the funeral directar. Natural causes Hamicide . death resulted fram: Acedent Suicide . Undetermined manner prior to CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE. 2-12-68 DEPUTY MEDICAL EXAMINER 3 **EXAMINER'S** Health moy NAME (Type) John Kehoe MD ADDRESS(Street, city, tawn, or county) Riverdale, Md. 50 23a. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) 24. FUNERAL DIRECTOR **ADDRESS** 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) 10M REV. 1/68

MAKYLAND STATE DEPAKIMENT OF HEALTH



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03062 CERTIFICATE OF DEATH 34633 DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR (Type ar print) Feb. Baby Boy Mov 1:25PM 4. RACE 3. SEX S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR last birthday) requires that the deoth certificate be executed within 24 haurs after the buriol, cremotion, or removal, and in any event, within 72 hours aft MONTHS Feb. 6, 1968 Caucasian Male 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIEDXXX signed by the attending physician ond completely filled in buriol-transit permit. Then please remove carban popers. WIDOWED [ DIVORCED [ Prince Georges Maryland U. S. 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address)
Prince Geo.Gen'l Hospital during mast of working life, even if retired.) **INDUSTRY** Cheverly 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY YES NO Greenbelt 6118 Breezwood Court Maryland Prince Georges 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First Middle Last Mee Chunlee Ming Moy 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c),) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove ) rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) **J FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health priar to 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗍 NO F 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical exominer) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while at wark 22a. I certify that (I) (buschospitals attended the deceased from Feb. 6, 1968, ta Feb. 6, 1968, that (I) (buschospitals attended the deceased from Feb. 6, 1968, and that in (my) (Fill) apinian death accurred an the date and haur and from the causes stated above, (I) (we) (did) (did ext) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR DEGREE 22d. PHYSICIAN'S 22e. ADDRESS 4500 College Ave., College Park, Md. 20740 NAME (Type) R. Kennedy Skipton, M. D. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (County) (State) Prince Geo. Gen. Hosp. Chever1v 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 1968 Administrator

MAKTLAND STATE DEPAKTMENT OF HEALTH

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FOR STATE HEALTH DEPT. any delay is 2, and 3 to PM8-Page

necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form

SICAL EXAMINER:

to FUNERAL DIRECTOR: Page 3 should be used as o burial-tronsit permit. File pages 1 and 2 with Health prior to burial, cremation, ar removal, and in any event within 72 haurs after death.

This certificate should be executed within 24 hours ofter death

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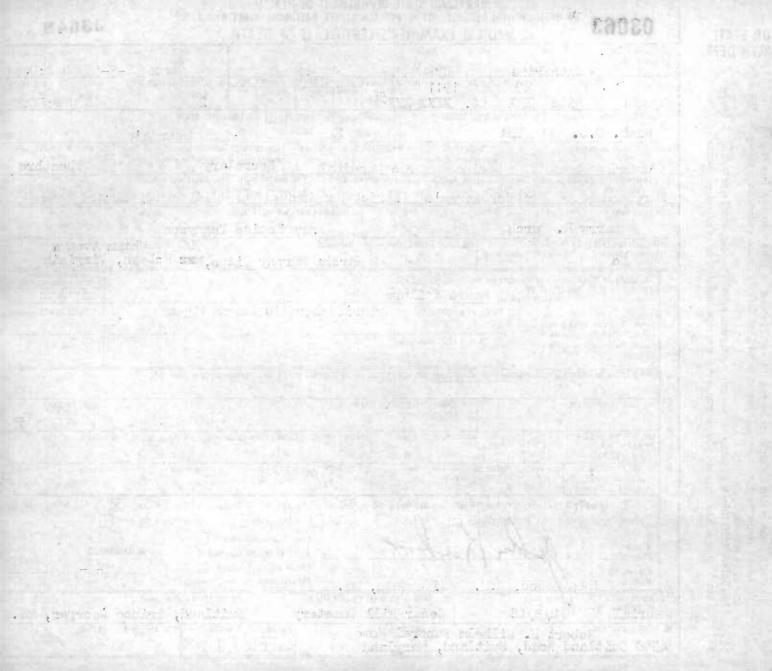
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MAKTLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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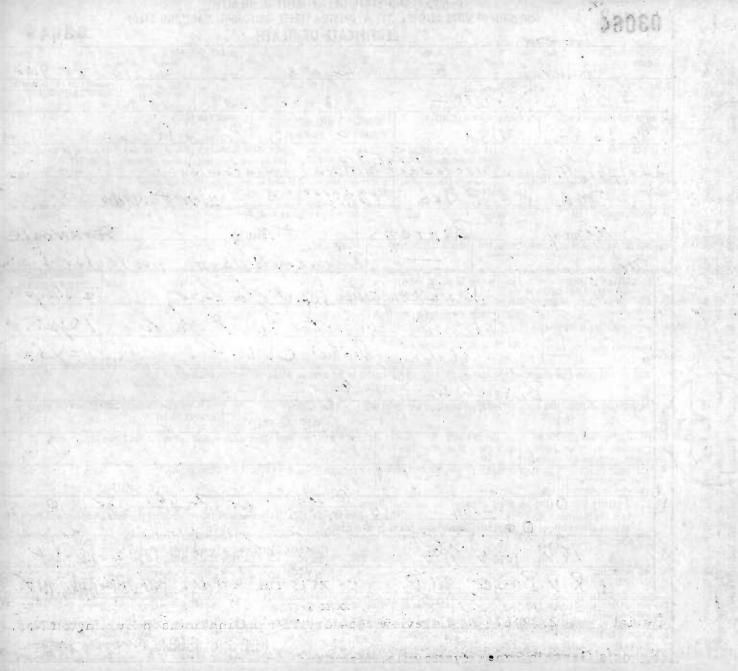
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1.	DECEASED-NAME	Fire	st	Middle		Last				Doy Yeor	2b. HOUR
	(Type or Print)	Catha	หรืกลั	Agnes		Murph	177		OF ESTI- DEATH MATED 2-5		4:00am
3.	SEX	4. RACE	29 ATE OF BIRT	H 1017 6	. AGE (In years	IF UNDER 1 YEAR	IF UNDER	24 HRS	2c. DATE PRONOUNCED DEAD	-00 ., !	2d. HOUR
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10.			give str	reet address)			dusin	most a	f working life, even if retired.)	12b. KIND OF BUS	SINESS OR
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			ased lived, if institut				13d. INSIDE CITY		13e. STREET AND NUMBER		
	ndmission) STATE		Prince Ge	407				NO [	6002 Surrey Sq	uare Lar	ne
14.	FATHER'S NAME	First	Middle	L	ost	15. MOTHER'S N	AIDEN NAME	First	Middle	Los	st
	Ha	rry E.	Burch			Ma:	ry Lou	ise	Tennyson		
	. WAS DECEASED EV			16b. SOCIAL SECURI		17. INFORMANT			900 ADDRESWhamm	n Avenue	
	(Yes, no, or unknow NO	VII) (If yes give	re wor or dates of service)		1000	Marsha 1	Murphy	Tit	us Mer McLean,	Virgini	a
	IB CAUSE OF	DEATH (Enter or	nly ane cause per line	e for (a) (h) and						APPROXIMAT	E INTERVAL
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	rise to immed	iate cause (a),	(b)	AS A CONSEQUENCE	r 0r						
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			(c)								
	PART 2. OTHER	SIGNIFICANT CON	DITIONS CONTRIBUTIN	IG TO DEATH BUT	NOT RELATED	TO THE TERMINAL	DISEASE OR	CONDITIO	ON GIVEN IN PART 1(a)		
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E				. WAS PERIOR						YES [	NO 🔯
				NJURY Manth, Day,	Yeor	21c. HOW INJURY	OCCURRED (Er	nter natu	re af injury in Part 1 ar Part 2, Ite	m 18.)	
MEDICAL	CAUSE OF DEAT	R CONTRIBUTING	P.M		19						
ME	21d. INJURY OC		PLACE OF INJURY (At	home, farm, stre	et,	21f. LOCATION Stre	et or R.F.D. No		City or Tawn	County	Stote
	AT WORK	OT WHILE	actary, office building,	, etc.)							
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	NAME (Type)	John Le	hoe, M.D.	River	dale,	Lille	DDRESS(Street		wn, or county)		
23	BURIAL, CREMA	TION, 23b	DATE			Y OR CREMATORY					State)
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24	. FUNERAL DIRECT	ORRobert	E. Wilhe	lm Funer	SETS HO	ne	2So. REC'		1000	IGNATURE	. 0
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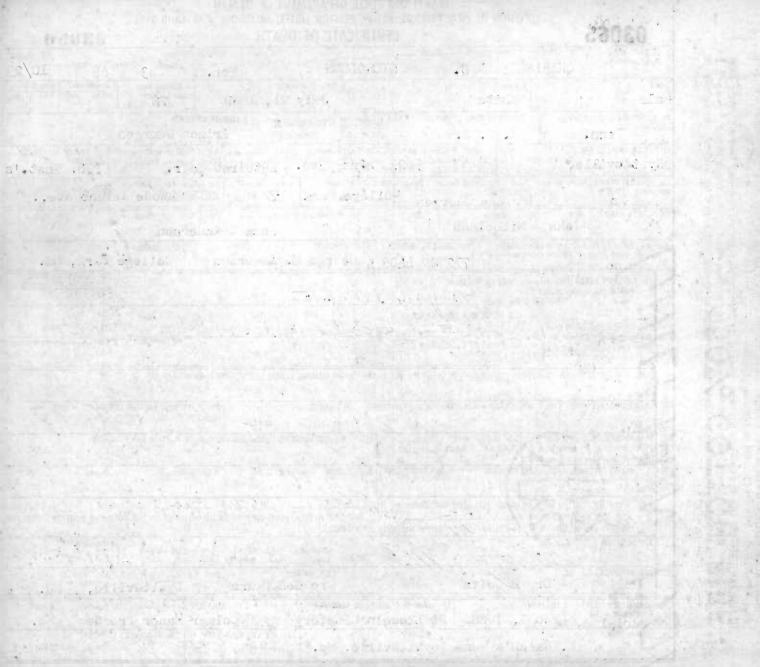


DECENSION AND FIRST Model Lost 20 DATE OF DEATH    Decension   Dec	File
Type or print)    A control of the print of	DIIR
3. SEX  4. RACE  5. DATE OF BIRTH  6. AGE (In years lest birthday) YRS.  70. BIRTHPLACE (State or foreign country)  70. BIRTHPLACE (State or foreign country)  70. CITIZEN OF WHAT COUNTRY?  8. MARRIED NEVER MARRIED Prince Garage  10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddgess)  12. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before oddiess)  130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before oddiess)  131. COUNTY OR TOWN  132. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before oddiess)  133. ISEX  14. RACE  5. DATE OF BIRTH  6. AGE (In years lest under 24 Moonth's DAY'S HOURS)  9. COUNTY OF DEATH  WIDOWED Prince Garage  120. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)  130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before oddiess)  131. COUNTY Prince Garage  132. CITY OR TOWN  133. INSIDE CITY LIMITS?  134. INSIDE CITY LIMITS?  136. STREET AND NUMBER  137. OUT TO TOWN  137. OUT TO TOWN  138. INSIDE CITY LIMITS?  14. FATHER'S NAME  15. MOTHER'S MAIDEN NAME First  Middle  15. MOTHER'S MAIDEN NAME First  16. AGE (In years lest under 24 Moonth's DAY'S HOURS  16. AGE (In years)  17. MOONTH'S DAY'S HOURS  17. MOONTH'S DAY'S HOURS  18. MARRIED NAME FIRST  18. MOTHER'S MAIDEN NAME First  Middle  18. MARRIED NAME FIRST  19. COUNTY OF DEATH  19. COUNTY OF DEATH  11. NAME OF HOURS  11. NAME OF HOURS  12. LIVING OF UNITY  12. USUAL CCUPATION (Kind of work done during most of working life, even if retired.)  18. MARRIED NAME FIRST  19. COUNTY OF DEATH  19. COUNTY OF DEATH  19. COUNTY OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (Kind of work done during most of working life, even if retired.)  18. MARRIED NAME FIRST  18. MOONTH'S DAY'S HOURS  19. COUNTY OF DEATH  1	A M
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70. BIRTHPLACE (Stote or foreign country)  70. CITIZEN OF WHAT COUNTRY?  8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH  WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.)  12. S. P. WIDOWED DIVORCED 12. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)  130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before oddiess)  131. COUNTY DIVORCED 12. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)  132. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before oddiess)  133. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before oddiess)  134. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost	MIN.
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BEHRENS  160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT  Address  Address	6
160. WAS DECEASED EVER IN U.S./ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service)  160. WAS DECEASED EVER IN U.S./ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service)  160. WAS DECEASED EVER IN U.S./ARMED FORCES?  Yes, no, or unknown) (If yes give war or dates of service)  17. INFORMANT  Rosamary Wilsom 7100 12 ylor - 1.10	5.11
APPROXIMATE INTERVAL	////
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate cause (o), storing the underlying couse  DUE TO, OR AS A CONSEQUENCE OF	TH
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PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING	
PANALULUS — TO LOUTING THE PROPERTION PORTION WAS PERFORMED  190. DATE OF OPERATION PRICE OF INJURY (AT HOME, FARM, STREET, FACTORY.)  200. AUTOPSY?  YES NO 10  CAUSES OF DEATH?  (If either, notify medicol exominer)  190. DATE OF OPERATION PRICE OF INJURY  HOUR A.M. Month Doy Yeor  190  211. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)  212. HOW INJURY OCCURRED (If either, notify medicol exominer)  213. ACCIDENT WAS UNDERLYING  190  190. DATE OF OPERATION OF INJURY (AT HOME, FARM, STREET, FACTORY.)  216. HOW INJURY OCCURRED (In CERTIFYING CAUSES OF DEATH HOUR A.M. Month Doy Yeor  190  216. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)  216. HOW INJURY OCCURRED (In CERTIFYING CAUSES OF DEATH HOUR A.M. Month Doy Yeor  190  217. HOW INJURY OCCURRED (In CERTIFYING CAUSES OF DEATH HOUR A.M. Month Doy Yeor  190  218. HOW INJURY OCCURRED (In CERTIFYING CAUSES OF DEATH HOUR A.M. Month Doy Yeor  190  219. J. How Injury occurred (In CERTIFYING CAUSES OF DEATH HOUR A.M. Month Doy Yeor  190  210. ACCIDENT WAS UNDERLYING (In CAUSE OF DEATH HOUR A.M. Month Doy Yeor  190  210. ACCIDENT WAS UNDERLYING (In CAUSE OF DEATH HOUR A.M. Month Doy Yeor  190  210. HOW INJURY OCCURRED (In CERTIFYING CAUSES OF DEATH HOUR A.M. Month Doy Yeor  190  216. HOW INJURY OCCURRED (In CERTIFYING CAUSES OF DEATH HOUR A.M. Month Doy Yeor  217. ACCIDENT WAS UNDERLYING (IN CAUSES OF DEATH HOUR A.M. Month Doy Yeor  190  218. HOW INJURY OCCURRED (IN CERTIFYING CAUSES OF DEATH HOUR A.M. Month Doy Yeor  219. A CAUSES OF DEATH?  210. ACCIDENT WAS UNDERLYING (IN CAUSES OF DEATH HOUR A.M. Month Doy Yeor  190  210. HOW INJURY OCCURRED (IN CAUSES OF DEATH HOUR A.M. MONTH DOY YEOR  210. HOW INJURY OCCURRED (IN CAUSES OF DEATH HOUR A.M. MONTH DOY YEOR  210. HOW INJURY OCCURRED (IN CAUSES OF DEATH HOUR A.M. MONTH DOY YEOR  210. HOW INJURY OCCURRED (IN CAUSES OF DEATH HOUR A.M.	
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22a. I certify that (this haspital) attended the deceased from 1968, and that in (m) (aur) apinian death accurred an the date and haur and from	last o the
causes stated abave (a) (did) (did not) view the bady after death.	11116
22b. SIGNATURE POR ATTENDING MED. STAFF 22c. DATE SIGNED	
8 9 B PHYS. DEGREE ATTENDING DIRECTOR D	
122d. PHYSICIAN'S NAME (Type) R. D. BOYERF MIT. 22e. ADDRESS Break Indian Rd Hole Indian	
NAME (Type) K. V. Bareer, W. J. 2513 Breck lodge Kd. Ade phi Md.	υ
Saw the deceased dive an	
	J.
VR A15 (4) 30M REV. 1/68  24. FUNERAL DIRECTOR  ADDRESS  250. REC'D BY REGISTRAR'S SIGNATURE PEB 2 6 1968  ADDRESS  250. REC'D BY REGISTRAR'S SIGNATURE PEB 2 6 1968	
Francis Gasch's Sons Hyattsville, Maryland DATE FED 20 1300	2

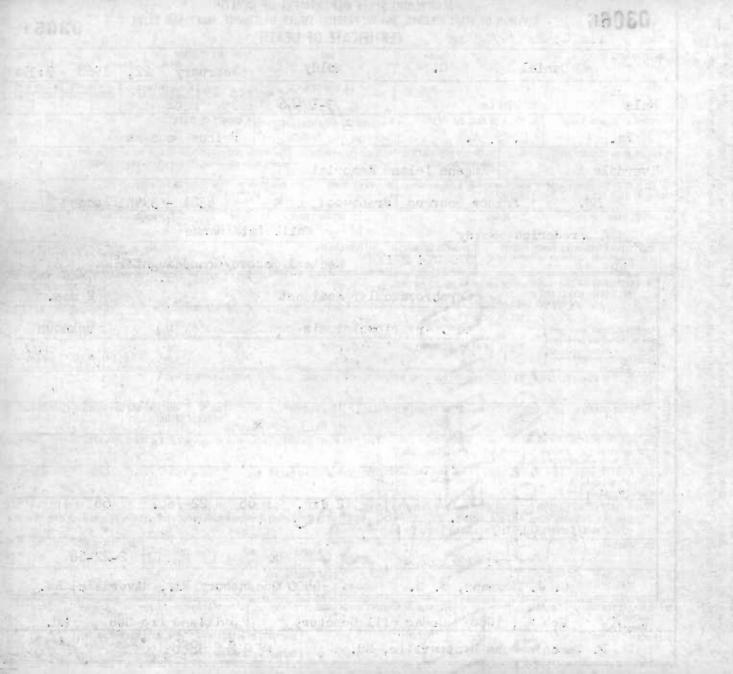
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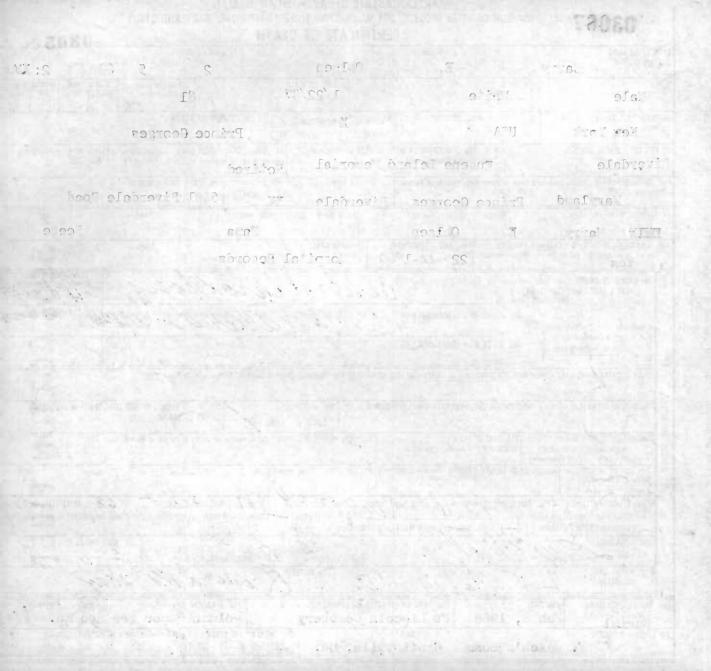
1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
01.1	03085 CERTIFICATE OF DEATH 03050  DECEASED-NAME First Middle Lost 20 DATE OF DEATH 126 HOURS
deoth	(Type or print) CHARLES C. NICHOLSON Feb. Month 3 Day 68 Year 10/25
	SEX  4. RACE  White  S. DATE OF BIRTH  July 21, 1889  6. AGE (In years if under 24 Hrs. wonths Days Hours Min.
	BIRTHPLACE (State or foreign Penn. 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED Prince Georges
90	CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital dwind most of work done dwind most of working life, even if retired.)  120. USUAL OCCUPATION (Kind of work done dwing most of working life, even if retired.)  120. USUAL OCCUPATION (Kind of work done dwing most of working life, even if retired.)  121. KIND OF BUSINESS OR INDUSTRY TUD. Trist.'s
16	o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before mission) STATE J3b. COUNTY Ollege Park YES NO 9534 Rhode Island ave,.
1	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost Anna C Anderson
	yes, no, or unknown)  (If yes give wor or dotes of service)  (If yes give wor or dotes of service)  (If yes give wor or dotes of service)  712 09 1408 A George E. Anderson  College Park, Md.
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  PART I. DEATH WAS CAUSED BY:
90	Conditions, if ony, which gove)
	rise to immediate cause (a), (stating the underlying cause (b) DUE TO, OR AS A CONSEQUENCE OF (c)
2	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
2	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY?  YES NO CAUSES OF DEATH?  20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED. (Finer patter of injury in Part 1 or Part 2, Itam 18.)
	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY CITY OR CONTRIBUTING CAUSE OF PEATH HOUR A.M. Manth Day Year (If either, notify medical examiner)  21b. TIME OF INJURY 12c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
	21d. INJURY OCCURRED While Not while of work o
	22a. I certify that (1) (this haspital) attended the deceased fram Otto, 1967, ta Feb. 3, 1968, that (1) (we) lass saw the deceased alive an 1968, and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (1) (we) (did) (did pot) view the bady after death.
1	22b. SIGNATURE  ATTENDING THE DIRECTOR STAFF 22c. DATE SIGNED.  22c. DATE SIGNED.  24/68
1	22d. PHYSICIAN'S NAME (Type)  Dr R Deitz  22e. ADDRESS Pro Geo Plaza Hyattsville, Md.
2	a. BURIAL CREMATION, REMOVAL (Specify) Feb 7, 1968 Ft Lincoln Cemetery Colman Manor Pro Geo Md.
4)-8	F. Gasch's Sons Hyattsville, Md. PATE FEB 8 1968 Consultation of the state of the s

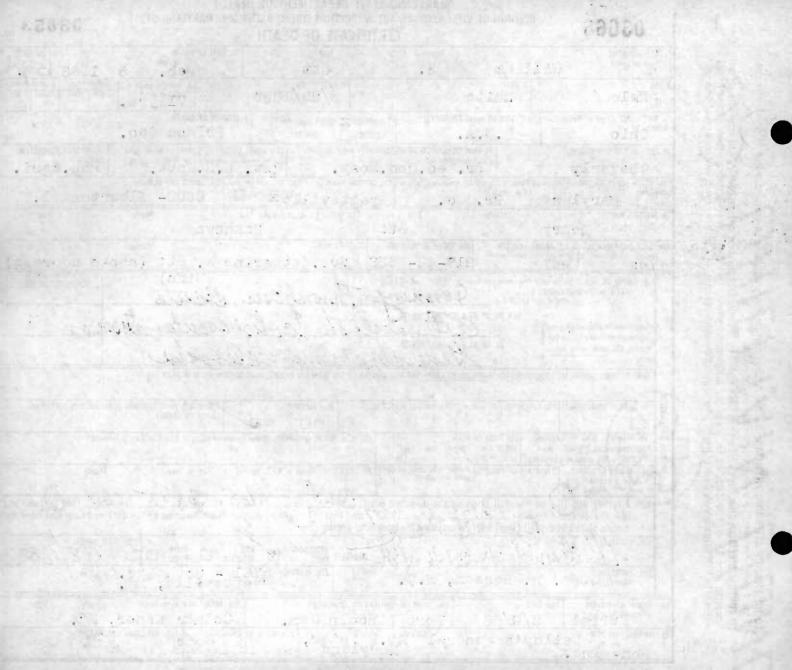


MARYLAND STATE DEPARTMENT OF HEALTH 03066 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03651 CERTIFICATE OF DEATH Item 5 Film G398 3/4/68 ap 20. DATE OF DEATH 2b. HOUR DECEASED-NAME First Middle Lost after death. pub Noldy February 22 Doy (Type or print) Daniel 1968 March 19 6. AGE (In years 5. DATE OF BIRTH IF LINDER 1 YEAR 3 SEX 4 RACE 1885 Male White haurs 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 8. MARRIED [20] NEVER MARRIED country) Pa. U. S. A. DIVORCED | Prince Georges WIDOWED [ pap 12o. USUAL OCCUPATION (Kind of work done within 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within give street oddress) Leland Memorial during most of working life, even if retired.) INDUSTRY remave carban Riverdale 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13e STREET AND NUMBER event, 13d. INSIDE CITY LIMITS? 13b COUNTY Georges YES . NO 🗔 1321 - 39th Place Brentwood burial-transit permit. Then please remay burial, crematian, ar removal, and in any Lost 15. MOTHER'S MAIDEN NAME First Middle 14. FATHER'S NAME Middle Whilhelmia Ranke Frederick Noldy physician ( 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16b. SOCIAL SECURITY NO. Yes, no, or unknown) (If yes give war or dates of service) 579 034 271A Medical Record/Granddaughter APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY:
Cerebrovas BETWEEN ONSET AND DEATH Cerebrovascular Accident 2 mos. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF unknown Gen. Arteriosclerosis signed by the burial-transit p Conditions, if ony, which gove ) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES 🗍 NO X O FUNERAL DIRECTOR: After this certificate 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY FO HOSPITAL OR ATTENDING PHYSICIAN Page 4 may be retained by the haspital OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. OFFICE BUILDING, ETC. City or Town County 21d. INJURY OCCURRED While Not while of work 22a. I certify that (I) (this haspital) attended the deceased from 12 dan., 19 68, ta 22 Feb., 19 68, that (I) (we) last saw the deceased alive an 21 Feb. 1968, and that in (my) (aur) apinian death accurred an the date and haur and from the directar, page 3 shauld should be filed with the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED 22b SIGNATURE MED.
DIRECTOR STAFF PHYS. **ATTENDING** 2-22-68 DEGREE Music 22e. ADDRESS 22d. PHYSICIAN'S C. J. Houmann, M. D. 4400 Queensbury Rd., Riverdale, Md. NAME (Type) 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (Stote) (County) 23b. DATE 23o. BURIAL CREMATION. REMOVAL (Specify) Suitland Pro Geo Cedar Hill Cemetery Feb 26, 1968-Md. 1968 REGISTRAR'S SIGNATURE Burial 250. REC'D BY REGISTRAR DATE FEB 26 24. FUNERAL DIRECTOR VR A15 (4) DATE FEB F. Gasch's Sons Hyattsville, Md. 30M REV. 1/68



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	090	17 5		C	CERTIFICATE OF DEATH					03059		
Ī	. DECEASED-NAME (Type ar print)	First Harry		Middle E.	0h1	lost sen	2a.	DATE OF DEAT		9468 Yeor	2b. HOUR 2:00A M	
3	Male Male		4. RACE White		S.	DATE OF BIRTH 1/22/87		6. A	GE (In yeors st birthday) YRS	MONTHS CAYS	IF UNDER 24 HRS. HOURS MIN	
7	o. BIRTHPLACE (State country) New Yo	ar foreign 7	b. CITIZEN OF WHAT COUNTRY? USA		WIDOWED DIVORCED			9. COUNTY OF DEATH Prince Georges				
3	o. city or town of Riverdale		11. NAME OF HOSPITAL OR IN:		d Memorial Reti			AL OCCUPATION (Kind of work dane nost of working life, even if retired.)		12b. KIND OF BUSINESS OR INDUSTRY		
6 0	dmission) STATE	(Where deceosed	lived, if institution: 13b. COUNTY Prince G	Residence before	13c. CITY OR TO	VEC	NO NO		AND NUMBER Riverda	le Road		
Ī	4. FATHER'S NAME	First	Middle	Last	15. MOTHER'S MAIDEN NAME Fin				Middle		Lost	
		arry	E.	Ohlsen	NO. 17. INFORMANT					Ве	Beebe	
	Yes, no, or unknown	(If yes give war	or dates of service)	20-44-186	69 H		Record	S	Address			
	330	ate cause (o), (lerlying couse) SIGNIFICANT CONDI	DUE TO, OR AS A  (b)  DUE TO, OR AS A  (c)  ITIONS CONTRIBUTING	CONSEQUENCE OF		HE TERMINAL DIS				CONSIDERED IN C	TETIFYING	
2	STIFICA	WAS UNDERLYING				YES 🗌	NO ED (Enter nature	CAUSES OF D	DEATH?			
1	OR CONTRIBUTING	CAUSE OF DEATH medical examine	HOUR A.M. N	Nonth Doy Year			8.03			5,5		
	21d. INJURY OCCURRED at Work of INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. (ity or Town County Stote of While of Work) of Work of Wor											
	23a. BURIAL, CREMAT REMOVAL (Specif Burial	ON, 23b. DA	NE 8, 1968	23c. NAME OF C				LOCATION (Ci		(County)	(State)	
6	24. FUNERAL DIRECTO	IR	h's Sons	ADDRESS Hyatts	ville,	and the second	REC'D BY REGI	STRAR 1968	2Sb. REGISTRAR	s signature	tge.	



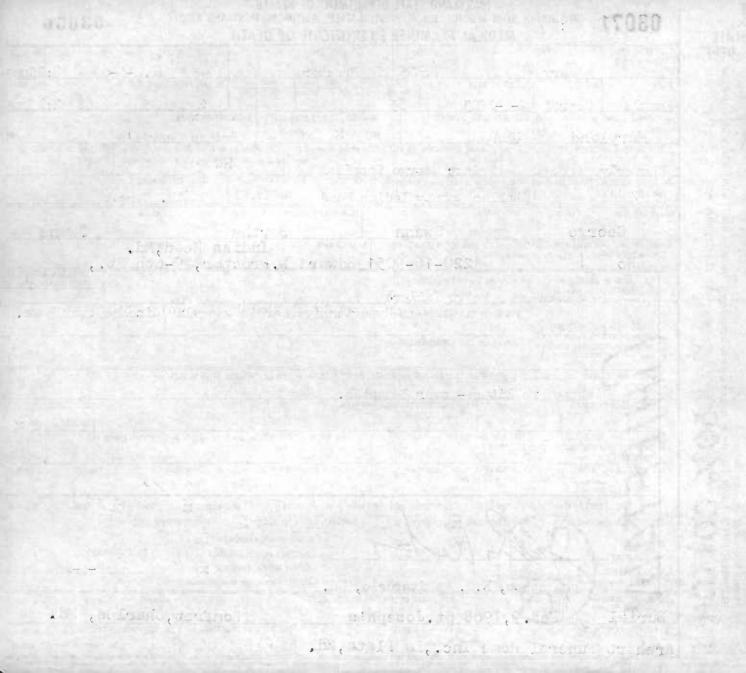


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MARYLAND STATE DEPARTMENT OF HEALTH 03074 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03653 CERTIFICATE OF DEATH Middle Last 20. DATE OF DEATH 2b. HOUR 1. DECEASED-NAME First hours after death. (Type or print) Feb. William A. Purdy IF LINDER 1 YEAR IF UNDER 24 HRS 4. RACE S. DATE OF BIRTH 6. AGE (In years 3. SFX last birthday) 1890 Male White Aug. 7th. 9 COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) Maryland Pr. Geo'S. USA WIDOWED XX DIVORCED | within 72 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH give street oddress) 7402- Kenova Street INDUSTRY Transit during mast of working life, even if retired DC District Heights 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence befare | 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? PHYSICIAN: The law requires that the death certificate be executed admission) STATE Maryland 13b. COUNTY Pr. Geo S Dist. Hents NOXX Kenova St. 15. MOTHER'S MAIDEN NAME First Middle 14. FATHER'S NAME Middle Last WellS Josephine Purdy William Same as 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Bernice J. Dulaney Yes, na. ar unknawn) (If yes give war or dates of service) 13. Dau. APPROXIMATE INTERVAL buriol-transit permit. buriol, cremotion, or re DEATH Conditions, if any, which gave ) autou scles Coronaly rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF be retained by the hospital or attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CEREBRAL THROMBOSIS TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate hos been as the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? YES 🗌 NO N 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY for HOUR AM. OR CONTRIBUTING CAUSE OF DEATH Month Day Year (If either, natify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. County State 21d. INJURY OCCURRED City or Town While Nat while 19602, ta 2. 23, 19 68, that 14 (we) last 22a. I certify that (1) (this hospital) aftended the deceased fram\_ saw the deceased alive an 326. \_1968, and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (1) (w) (did) (did t) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE STAFF PHYS. ATTENDING MED. DIRECTOR Ouel 2. 23 DEGREE director, poge should be filed 22e ADDRESS 22d. PHYSICIAN'S WASHINGTON D NAME (Type) C. MORRIS PENNSYLVANIA AVE 23d. LOCATION (City or Town) (Stote) 23c NAME OF CEMETERY OR CREMATORY (County) 23b. DATE 23a. BURIAL, CREMATION, Cedar Hill Cemetery Suitland, Maryland. 26.68. 2Sb. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR **ADDRESS** Wash VR A15 (4) DATEFEB 1968 30M REV. 1/68 Bros. 1661-Gd. Hope Rd. SE. DC

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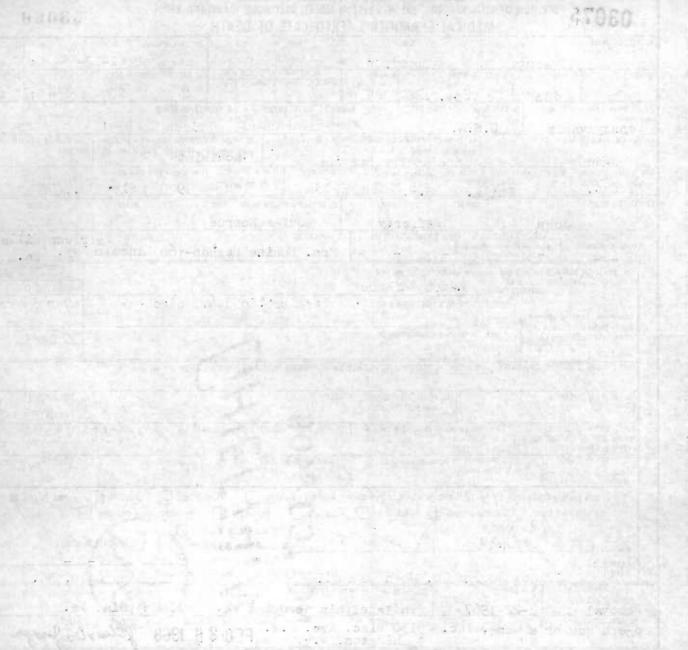
PM3 Page ny delay is

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Depar Health priar to burial, cremotion, or removal, and in any event within 72 hours after death.

necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Peges 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm This certificate shauld be executed within 24 hours ofter death SICAL EXAMINER: 5 may be retoined for your files. TO DEPUTY

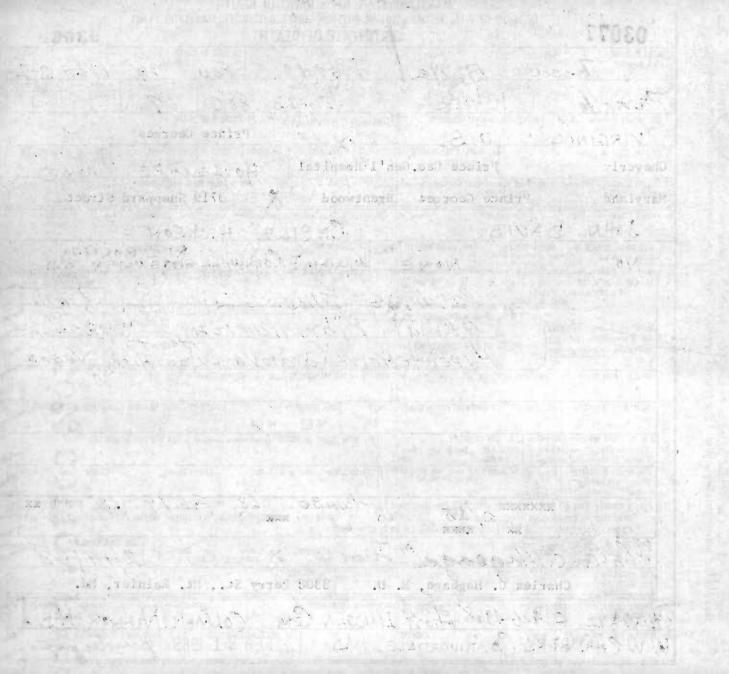
MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

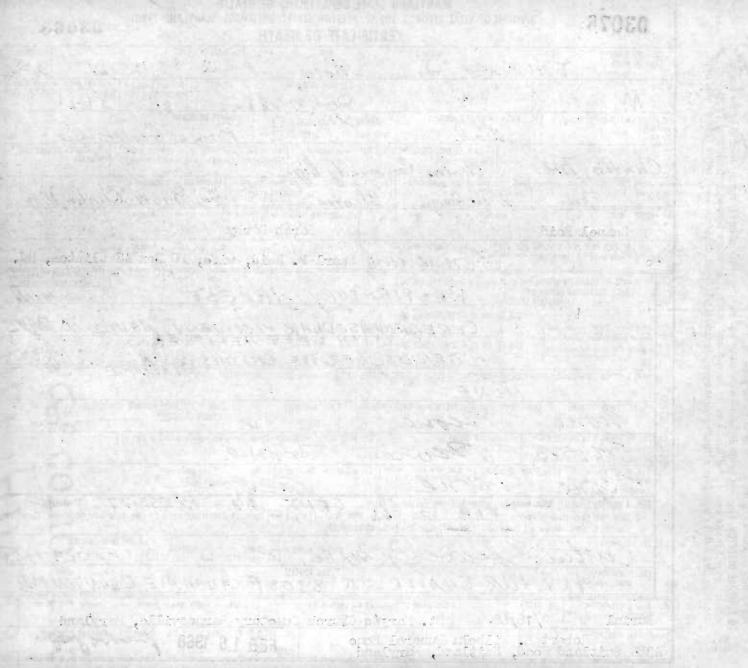
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	ECEASED-NAME	First		Middle	Last		2a. DATE KNOWN	Manth [	Day Year	2b. HOUR
(	Type ar Print)	George		Morrison	Raffe	ert.v	OF ESTI-			5: ФОрт м
3. 5	EX	4. RACE	S. DATE OF BIR	TH 6. AGE (in yet	DES FUNDER 1 YEA	IF UNDER 24 HRS.	2c. DATE PRONOUNCED		00 10	2d. HOUR
	Male	White	23 Ser	t. 1902 65	YRS. MONTHS DAY	rs Hours Min.	Month	398	Year 10 F	5:15pm m
	BIRTHPLACE (Stat		. CITIZEN OF WH		MARRIED NEVER	MARRIED 5 9 CO	UNTY OF DEATH	~0	00 17	7 - + 7 PILL III
cani	onnavi		U.S.A				Prince Geor	20015		u.
	Pénnsylv CITY OR TOWN O			AME OF HOSPITAL OR INSTITUT			CCUPATION (Kind of wo		2b. KIND OF	MC 229/IZINE
	G1	7	give s	treet address)			of working life, even if r		NDUSTRY	DOSMESS OR
130	Chever	CF (Where deceases	Hrar	nce George Hos	SDITAL STY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUME			
0	dmission) STATE	: (Where deceases	13b. COUNTY	S.W. Philad		YES NO	5900 Har		20 20	
	FATHER'S NAME	First	Phila. Middle			MAIDEN NAME First				)
14. 1	MITTER 3 INAMIE		Middle					die		Last
160	WAS DESEASED EN	John /ER IN U.S. ARMED FO	DCCCO	Rafferty		ise Monroe		c 77		
	res, na, or unknav		r or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT	and an Mank	ADDRES		rless	Hills,
-		-			Mrs. L	ouise Meer	lan-loo lin	COLU		Pa
100	18. CAUSE OF			ne far (a), (b), and (c).)						MATE INTERVAL INSET AND DEATH
	1/1/	IMMEDIATI	CAUSE (a)	eart failure					minu	ites
	7/2	7	DUE TO, OR	AS A CONSEQUENCE OF AT	rterioscl	erotic hea	ert disease		over	5 yrs.
		iny, which gave liate cause (a),	(b)					Marie		
		iderlying cause	DUE TO, OR	AS A CONSEQUENCE OF					753	
13	last.	,	(c)							
	PART 2. OTHER	SIGNIFICANT CONDIT	ONS CONTRIBUTI	NG TO DEATH BUT NOT RELAT	ED TO THE TERMINA	AL DISEASE OR CONDITI	ON GIVEN IN PART 1(a)			
Z	420	0	11.0							
CERTIFICATION	19a. DATE OF C	PERATION		19b. CONDITION FOR WHICH	OPERATION			J.J.C	20. AUTO	PSY?
E				WAS PERFORMED?					YES	NOZ
E E	21a. EXTERNAL			NJURY Manth, Day, Year	21c. HOW INJURY	OCCURRED (Enter nate	ore of injury in Part 1 or	Part 2, Iten	n 1B.)	
MEDICAL	CAUSE OF DEAT	R CONTRIBUTING [	HOUR A.I							
MEC	21d. INJURY OC	CURRED   21e. PL	ACE OF INJURY (	At hame, farm, street,	21f. LOCATION Str	eet ar R.F.D. Na.	City ar Tawn		County	State
	AT WORK		ry, affice buildin	g, etc.)						
	22a I	certify that I to	k charge of the	ne remoins described ob	ove held on A	utonsy 🔲 In	spection X, Inc	uiry 🔀 ,	and in	my opinion
		sulted from:	Notural caus				Undetermined r		ח טווט ווו	my opinion
	dedili le	surred Hold.	Ngiotal tuos	Accident			_	numer [	_	
10	ACTUAL	1	the	1000	-4	CHIEF MEDICAL EXAMIN		22b. DATE SI	CNED	
	SIGNATURE _	1	TVVI	1	1 -111101	ASSISTANT MEDICAL EXA DEPUTY MEDICAL EXAM			20-68	
	EXAMINER'S NAME (Type)	1	0	O = T=1 1/-1		ADDRESS(Street, city, to			100000	
230	BURIAL CREMA			Co. John Keh	TOG I'ID		. LOCATION (City or Tow		le, Md	
	REMOVAL (Spec	ify)						,	"	(State)
24	Kemoval FUNERAL DIRECT	'OP /	2-1967	2239010A			Philadelp	giştrar's si		
J	oseph	awler's S	onsa In	c. 5130 Wisc	. Ave. N	DATE FEB 2	6 1968 A	Class	Pan Cec	della-
				Whingto	on, D.C.	DATE I LD	0 1000			1



1	03076	DIVISION OF VITA	MARYLAND STATE AL RECORDS, 301 W. P			YLAND 21201		
	00010		CERTIFIC	ATE OF DEATH			030	61
	DECEASED-NAME First (Type or print) George		Middle Reed	Lost	2o. DATE OF D	DEATH Month Do	y 6 <sup>Year</sup>	2b. HOUR 950 P.
3. 9		4. RACE		S. DATE OF BIRTH		6. AGE (In years last bipthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
	M	White		10/11/83		04 YRS.	IIIONIII SIII	
	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT CO	OUNTRY? 8. MARRIED	NEVER MARRIED	9. COUNTY OF D	277.77		
	Mass.	USA	WIDOWED	DIVORCED	Prince	e George	es	М
-	city Or IDWN OF DEATH	11. NAME Of give street	FHOSPITAL OR INSTITUTION (If no oddress) and Memoria		UAL OCCUPATION (	Kind of work done fe, even if retired.)	12b. KIND OF I INDUSTRY Shipya	BUSINESS OR
odn	. USUAL RESIDENCE (Where deceo	sed lived, if institution: R	esidence before 13c. CITY OR	TOWN 13d. INSIDE CITY		et and number 62nd Pl		G
	FATHER'S NAME First	Middle	The state of the s	MOTHER'S MAIDEN NAME	First	Middle		Lost
	Willar	d B.	Reed	El	izabeth	dogers		
160	. WAS DECEASED EVER IN U.S. AR	MED FORCES? 16b.		NFORMANT		Address		
	Yes, no, or unknown) (If yes give	war or dates of service)	F	red Reed	6308	- 62nd F	ERIV	erdal
	18. CAUSE OF DEATH (Enter or	nly one couse per line for	(o), (b), ond (c).)				APPROXIM	NATE INTERVAL NSET AND DEATH
	PART I. DEATH WAS CAUSE	D BY: ATE CAUSE (a)	CORUNARY	OCCLU	1500N			=)/HIC
	4109	DUE TO, OR AS A (	/					
	Conditions, if ony, which gove		GEN	ARTERPO	SCLER	0515	UVK	CNOWN
	rise to immediate couse (o), stating the underlying cause	DUE TO, OR AS A	ONSEQUENCE OF	-40-Fry 1250 10				
	last.	(c)		MINIST AT		N. 10 CH		
	PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE OF	RCONDITION GIVEN	IN PART I(o)		
Z	4201			06				
CERTIFICATION	190. DATE OF OPERATION 19b.	CONDITION FOR WHICH O	PERATION WAS PERFORMED	20a. AUTOPSY?	CALIFOR (	ES, WERE FINDINGS	CONSIDERED IN CE	RTIFYING
RTIFI				YES NO		OF DEATH?		
			RY 21c. He	OW INJURY OCCURRED (Ent	ter noture of injury	in Port 1 or Port 2,	Item 18.)	
MEDICAL	(If either, notify medical exam	iner) P.M.	19					
ME	While Not while of work	PLACE OF INJURY ( AT HC	ME, FARM, STREET, FACTORY, ) 21f. LC			r Town	County	Stote
	22a. I certify that (I) (the saw the deceased of	nis hospitol) ottende	d the deceased from	JAN 2 , 19	68, to F	EB 22 , 19	68 , that	(I) (we) lo
	saw the deceased o	live an FEB	22 1968, on	d that in (my) (aur) ap	pinion death ac	curred on the do	ate and hour o	ind from th
		e, () (we) (dig) (did	not) view the bady after	death.		1 00	DATE CLONED	
	22b. SIGNATURE	House	DEGR	ATTENDING TO	MED.	STAFF	DATE SIGNED  23 FEB	1968
	22d. PHYSICIAN'S	Hollman	DEGR	22e. ADDRESS	DIRECTOR L	PHYS.	13 TCB	(100
	NAME (Type)	C.J. Houm	ann	1.1	ieensbur	ar DA D	liverda	7.0
220	BURIAL, CREMATION, 23b.	DATE	23c. NAME OF CEMETERY OR		23d. LOCATION			10-10
230		26/68	Westport Ce		Westp		(County) Mas	(Stote)
24.	FUNERAL DIRECTOR	20/00	ADDRESS		BY REGISTRAR	SSb. REGISTRAR'S		1
	F. Gasch's Son	s Hva	ttsville, Mar		0 2 40	PR 1	0	4
				A				

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 03652 1. DECEASED-NAME First Middle Last 20. DATE OF DEATH 2b. HOUR burial, crematian, ar remaval, and in any event, within 72 hours after death 24 haurs after death l and funeral (Type ar print) 0.504 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR 3. SEX the DAYS MONTHS HOURS WHAT COUNTRY? 9. COUNTY OF DEATH 70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF 8. MARRIED NEVER MARRIED (auntry) Prince Georges WIDOWED X DIVORCED VIRGINIA 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR requires that the death certificate be executed within Frince Geo. Gen'l Hospital during most of working life, even if retired.) INDUSTRY Cheverly please remave carban and campletely HOME 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) 1 SIATEd PA THEE Georges YES X 3719 Sheppard Street Brentwood 1S. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME First Middle Lost HICKSON 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ORNWELL EDGEWATER M Yes, no or unknown) WILLIAM NONE MD 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: permit. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove ) burial-transit rise ta immediate cause (a), Page 4 may be retained by the hospital or attending physician. DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse signed k PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d) use as the lath priar tat has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES 🗌 director, page 3 shauld be detached far use should be filed with the State Dept. af Health FUNERAL DIRECTOR: After this certificate irector, page 3 shauld be detached far us 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote While Nat while ot work 22a. I **certify** that (1) (this character) attended the deceased from and 30, 1963, ta 1968, and that in (my) bourkapinian death accurred an the date and haur and fram the causes stated abave. (1) fore) (did) (distant) view the bady after death. 226 SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR STAFF PHYS. DEGREE PHYS. PHYSICIAN'S 22e. ADDRESS 22d. 3308 Perry St., C. Hageage, M. D. Mt. Rainier, Md. NAME (Type) Charles BURIAL, CREMATION NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Town) (County) y (State) 2Sa. REC'D BY VR A15 (4) 30M REV. 1/68 DATE





03080

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

03065

= 41/1	1				CERTI	FICAIL	OF DEATH						
PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death e haspital ar attending physician. his certificate has been signed by the attending physician and campletely filled in by the Toherbl stacked far use as the burial-transit permit. Then please remave carban papers. Pages I and Dept. at Health priar to burial, cremation, ar remaval, and in any event, within 72 haurs after death	1.	PLACE OF DEATH o. COUNTY					2. USUAL RESIDENCE (V	Where deceo	sed lived, if institu b. COU		ce before	admissio	n)
er de		0. 0001111	Prince Geor	ges	MAR	RYLAND	U. SIMIL		b. C00	JI I I			
# 5 8 E		b. CITY OR TOWN (	If outside corporate limit	S,	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If ou	tside corpor	ote limits, write RL	JRAL ond give	neorest	town)	
by the property of the propert		Glenn Da	d give neorest town) le (rural)		7 mos 2 v	wks	Washing	ton, I	D.C.				
in in sers.		d. NAME OF HOSPIT	AL OR INSTITUTION (If no	ot in hospitol, g	give street oddress)		d. STREET ADDRESS				е.	IS RESID ON A FA	ENCE
equires that the death certificate be executed within 24 hours after, physician. signed by the attending physician and campletely filled in by the Toburial-transit permit. Then please remave carban papers. Pages 1 burial, cremation, ar remaval, and in any event, within 72 hours after	3	Glenn Da	le Hospital				5009 D St	t. S.I	Ξ.			S	NO X
ithii y fi		NAME OF DECEASED	Fi	rst	Middle		Lost	4. DATE	Mor	ıth	Doy	Yea	r
d w		(Type or print)	Abraham	1		Ric	chardson	OF DEATH	2		24	19	68
mpl mpl ve c	5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE	D 🔲 8	. DATE OF BIRTH		9. AGE (In years	IF UNDER 1		IF UNDER	
d ca may		M	N	WIDOWED	DIVORCE	D 🔲	5/8/1903		64 birthdoy) yrs.	Months	Doys	Hours	Min.
an an in c	1Do	. USUAL OCCUPATION	(Give kind of work done	10b. KI	ND OF BUSINESS OR		11. BIRTHPLACE (County	& Stote, or fo	reign country)	12. CIT	IZEN OF V	VHAT	
te ian ian	uoi	ing most of working COOK	me, even in remed)	Ü	dystry nknown		7	/irgir	nia	Ü	UNTRY?		
fica ysic al, c	13	FATHER'S NAME				1111	14. MOTHER'S MAIDEN N	NAME					
certi ph hen nav		William	Richardson				Mary Will	liams					
ding ren	15 (Y	WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give wor or dotes o	16. 1	SOCIAL SECURITY NO.	17. 1	NFORMANT		Addr	ess			
e death cer attending p permit. The	10	No	(if yes give wor of doles to	5	79-01-5515	5 De	ecedent						
the d	F	18. CAUSE OF D	EATH (Enter only one cou	se per line for	(o), (b), ond (c).) L							VAL BETV	
nat y th insii		PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE	(0)	arcini	me	c of Ho	cell-	lable	~	ONSE	T AND DE	ATH
s # ciar d b		1560	) DUE	10	with a	u +tt	stases			7-17-1	John		LUNC
uire hysi gne gne uria		Conditions, if ony rise to immediat		(b)	7, 2000	rees	wi wie					- 1	
req ig p n si e by a by		stoting the unde		TO									
e law r tending as been as the priar ta		lost. /53	)	(c)							1.1		
The law requires the attending physician. has been signed by se as the burial-traith priar ta burial, cre.	3	PART II. OTHER SI	GNIFICANT CONDITIONS C	ONTRIBUTING 1	O DEATH BUT NOT RE	LATED TO T	HE TERMINAL DISEASE CON	IDITION GIV	EN IN PART 1(0)		19. W	VAS AUTO ERFORME	PSY D?
t: The ar at te ha use alth	S E	7	ronary	defin	enlosis	-: 0	revisce	cros	es, m	eld	YES		10
JING PHYSICIAN: The by the haspital ar at after this certificate has detached far use State Dept. at Health	CERTIFICATION	2Do. ACCIDENT WAS	S UNDERLYING  CAUSE OF DEATH	2Db. DE	SCRIBE HOW INJURY (	OCCURRED. (	Enter noture of injury in I	Port I or Por	rt II of item 18.)				
rsicert cert hed t. a			MEDICAL EXAMINER)								6.2		
ING PHYSICIAL by the haspital ffer this certifice be detached far state Dept. at He	MEDICAL	2Dc. TIME OF INJU	JRY Month, Doy, Yeor	2Dd. IN While	Not While		E OF INJURY (Home, form ry, street, office bldg., etc.)		(City or town)	(Cou	nty)	(5	tote)
by the fifter the be de be de State	×	p.1		ot work	c otwork								
ATTENDING etained by th CTOR: After ti shauld be de		21. I certi	fy that $XI$ ) (this has	pital) attend	ded the deceased	from	7/5 , 1	9 <u>67</u> , t	0 2/24	, 19	68 that	t ₹1) (v	ve) las
OR: OR: h th		saw the de	eceased alive an	2/24	19 68 ,	and that	death accurred at	8:4UN	A, tram couses	and on th	e date	stoted	obove
OR ATTEN be retained DIRECTOR: 10 3 shauld ed with the		220. SIGNATURE	Alme	MA	m		ATTENDING	MED.	STAFF _		TE SIGNED		
DIE DE		22c. PHYSICIAN'S	0007			M.D	11110.	DIRECTOR	Dale Hos		/ 24/	00	
10 HOSPITAL OR ATTENDING PH Page 4 may be retained by the h TO FUNERAL DIRECTOR: After this directar, page 3 shauld be detac shauld be filed with the State Dep		NAME (Type		ss, M.	D.				Dale, Ma		d		
OSF UNE Crair	23	BURIAD, CREMATIC	ON, 23b. DATE THI	EREOF	23c. NAME OF CEN	METERY OR O			CATION (City-or To		(County)	_(St	ote) /
Pag O Fi dire		REMOVAL (Specify	2-28	-68	1	man to	michm	1	uttom	0/20	1.	M	d
7	2	. FUNERAL DIRECTO	R , . 1 -		ADDRESS		NA 2So. REC'D	BY REGIST	RAR 2Sb. R	EGISTRAR'S SI	GNATURE		
VR A15 (4) 25M 1/67	1	15 Wa	shough !	J. S.	49251	Jaan	e / DATE AND	R 1	1968	Chart	Car X	449	-
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03081 03066 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR death the funeral ages 1 and 2 (Type or print) Feb Manth 29 Day 1968 eor 12:30 Mary Rogers in by the fun ers. Pages 1 2 haurs after o 3. SEX 4. RACE IF UNDER 24 HRS. 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR last birthday) DAYS MONTHS HOURS Dec. 31, 1892 White Female YRS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED [ ] NEVER MARRIED [ country) burial-transit permit. Then please remave carban papers. burial, crematian, ar removal, and in any event, within 72 h US A. Arkansas WIDOWED X DIVORCED [ Prince Georges County physician and campletely filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) Magnolia Gardens Nursing during most of working life, even if retired.)
Practical Nurse **INDUSTRY** Lanham Hospital 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY YES 💂 NO 6707 Eldridge Street Geo. Hvattsvill 14. FATHER'S NAME First Middle Last 1S. MOTHER'S MAIDEN NAME First Middle Lost John N Cook Virginia Carlos 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, na, ar unknawn) (If yes give wor or dotes of service) Hyattsville, Md. 579 26 4837 Mary V Garrity no APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove ; arlered-s rise to immediate cause (o), FUNERAL DIRECTOR: After this certificate has been signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) be detached far use as the State Dept. af Health priar to 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING 20g. AUTOPSY? CAUSES OF DEATH? YES I NO [ 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M 21d. INJURY OCCURRED ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town State County While Not while ot work

director, page 3 should should be filed with the couses stated abave, (1) (we) (did) (did not) view the body after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING STAFF DEGREE PHYS. DIRECTOR PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) (County) REMOVAL (Specify) Colmar Manor Pro Geo Md. Ft Lincoln Cemetery 24. FUNERAL DIRECTOR **ADDRESS** 250. REC'D BY REGISTRAR VR A15 (4)3 F. Gasch's Sons Hyattsville, Md. DATE

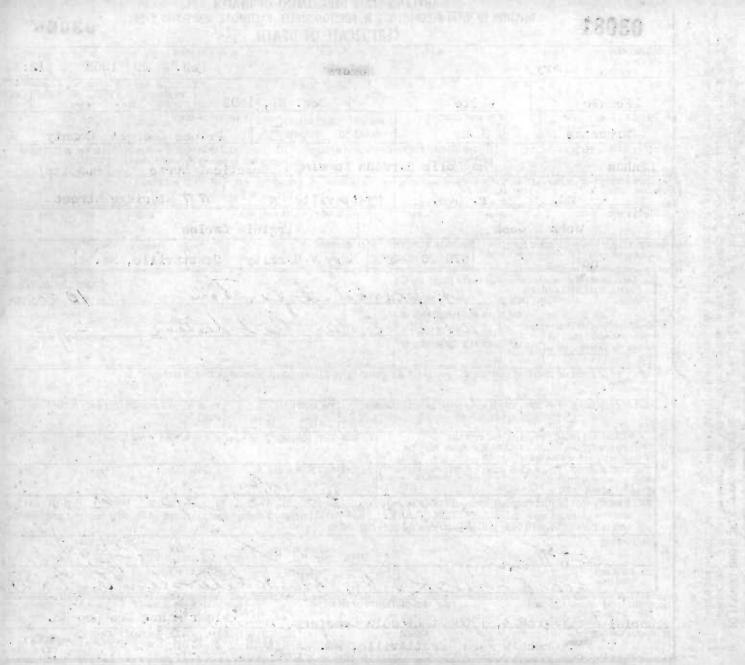
0 30M REV. 1/68

24 traurs after death

The law requires that the death certificate be executed within

Page 4 may be retained by the haspital ar attending physician.

OR ATTENDING



**ADDRESS** 

WASH. D.C.

DATE

COLLINS FUNERAL HOME 3821-14 5T.N.W.

VR A15 (4) 30M REV. 1/68 24. FUNERAL DIRECTOR F. J. Collins

6201 Riverdale Road, Riverdale, Maryland (County)

REGISTRARYS SIGNAT

March 1, 1968

County

22c. DATE SIGNED

03667

12b, KIND OF BUSINESS OR

Last

APPROXIMATE INTERVAL

BETWEEN CINSET AND DEATH

State

LE LINDER 1 YEAR

**INDUSTRY** 

2b. HOURD

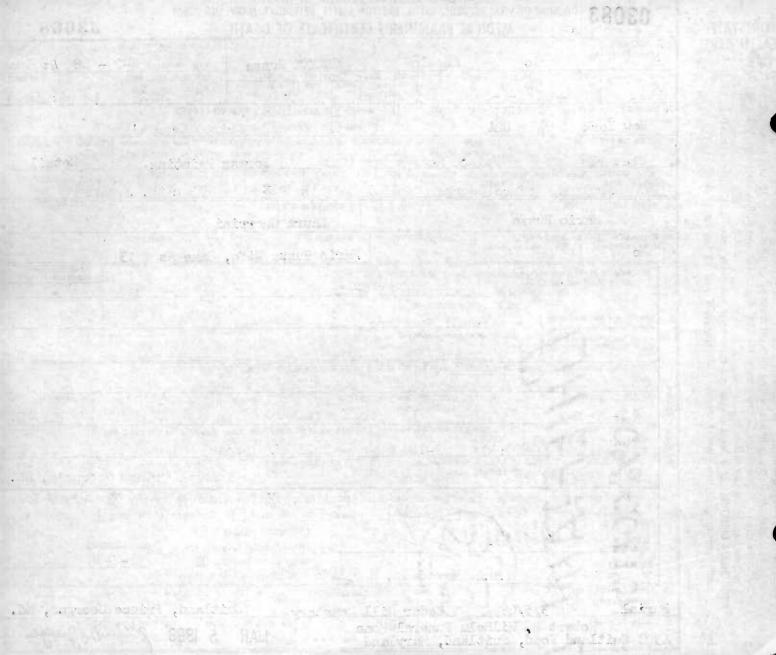
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				R. M. N.

70 1	MARYLAND STATE DEPARTMENT OF HEALTH  OR OR OF DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		03068
HEALTH DEPT.	1. DECEASED-NAME First Middle Lost 20. DATE KNOWNS Month Do	
	1 I Voe or Printi	68 19 4: 05 pmm
33	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD	2d. HOUR
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oth age th f	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b	. KIND OF BUSINESS OR
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within 24 haurs ofter deoth Iny delay is pencil in Item 18. Give Pages 1. 2, and 3. xaminer's Office olong with farm, PM3. Page ile pages 1 and 2 with the State Department of 72 hours ofter death.	Mario Ruzza Iaura Guerrini  160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
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g the sed to sa bu	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
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is certific te, writin forword e used or removal,	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	2D. AUTOPSY?
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KAMINER: te the certing 4 should your files. 'oge 3 shou cremation,	21d. INJURY OCCURRED   21e. PLACE OF INJURY (At home, form, street, factory, office building, etc.)   21f. LOCATION Street or R.F.D. No.   City or Town   Company	County State
bical Examiner: This certificate should be executed within 24 se execute the certificate, writing the word "pending" in pencil in stor. Page 4 should be forworded to the Chief Medical Examiner's ned for your files.  ECTOR: Page 3 should be used as buriol-transit permit. File pages buriol, cremation, or removal, and in any event within 72 hours.		
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necessory, pleose execute the funeral director. Page 4 S may be retained for your TO FUNERAL DIRECTOR. Page Health prior to buriol, crem.	EXAMINER'S NAME (Type) John Kehoe M.D., Riverdale, Maryland ADDRESS(Street, city, town, or county)	
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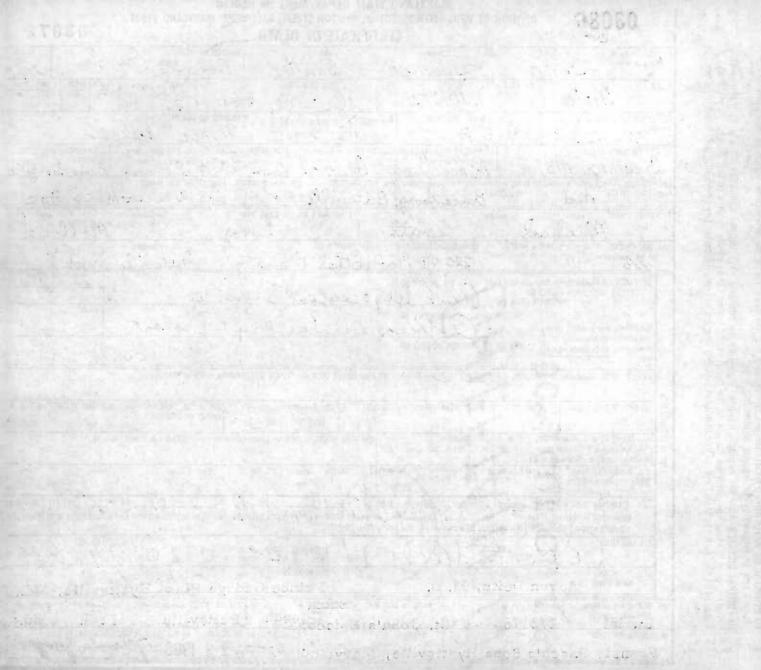


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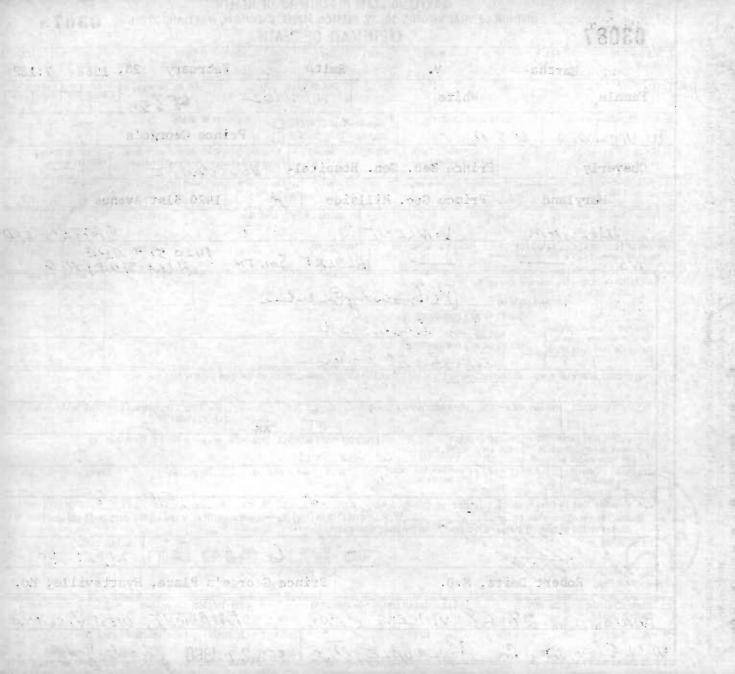
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	(M)		03087		RTIFICATE OF DEATH		00010
oth.	TO THE		1. DECEASED-NAME First (Type or print) Marth	Middle V.	Lost Smith	20. DATE OF DEATH February 23	2b. HOUR
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.  Page 4 may be retained by the hospital or ottending physicion.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages should be filed with the State Dept. of Health prior to buriol, cremation, ar removal, and in any event, within 72 hours of		70. BIRTHPLACE (State or foreign country)		MARRIED NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH Prince George's	411
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PHY ho	is ce toch			LACE OF INJURY (AT HOME, FARM, STREET, FACTOR OFFICE BUILDING, ETC.	21f. LOCATION Street or R.F.D. No	o. City or Town	County State
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PITA	ERAL or, po		NAME (Type) Robert	Deitz, M.D.	Prince Ge	orge's Plaza, Hy	rattsville, Md.
HOS De 4	ecto		23o. BURIAL, CREMATION, 23b. DA	ATE 23c. NAME OF CE	METERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)
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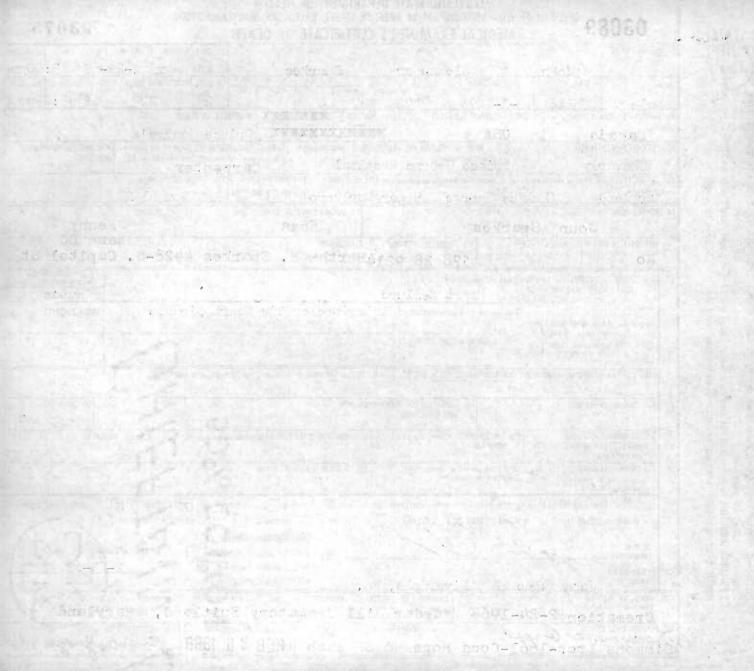


MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03075 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. DECEASED-NAME First Middle 20. DATE KNOWN Month 2h HOUR (Type or Print) OF ESTI-19 3 : 100pmm John Alexander Sparkes delay and 3 4 RACE 6. AGE (In years IF UNDER 24 HRS. S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR pup last birthdoy) HOURS 2, and PM3. MONTHS DAYS 68 193:23 pm M Male White 8-1-1893 YRS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED X with forr XWOWNEX X X XXXXXXX TISA Prince George's Canada 8. Give Pages 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Prince George Hospital during most of working life, even if retired.) **INDUSTRY** Cheverly Carpenter Office olong with deoth. 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Lish COUNTY Tince George YES NO Upper Marlboro Box 4162 Item 18 lond 2 ofter 14. FATHER'S NAME First 15. MOTHER'S MAIDEN NAME Middle Lost Penny Emma John Sparkes 2 forworded to the Chief Medical Examiner's pages Wash DC 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS within pencil (Yestino or unknown) (If yes give wor or dates of service) Bertha H. Sparkes 4428-S. Capitol St File 72 APPROXIMATE INTERVAL within be executed 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH permit. 'pending" PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Heart failure minutes event DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic heart disease unknown burial-tronsit Conditions, if ony, which gove rise to immediate couse (a). certificate shauld any the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .⊆ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) 0 writing OS removal, used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 2D. AUTOPSY? WAS PERFORMED? NO-ZEON the certificote, YES 🗀 pe should be 10 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 3 should PRIMARY OR CONTRIBUTING HOUR A.M cremation, EXAMINER: CAUSE OF DEATH 21e. PLACE OF INJURY (At home, form, street, 21d. INJURY OCCURRED 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) FUNERAL DIRECTOR: Page WHILE AT WORK AT WORK buriol, 220. I certify that I took charge of the remains described above, held on Autopsy ... Inspection X Inquiry x ond in my opinion director. Notural couses . Accident . Suicide [ deoth resulted from: Undetermined monner Homicide CHIEF MEDICAL EXAMINER prior ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER funeral SIGNATURE DEPUTY MEDICAL EXAMINER 3 **EXAMINER'S** 5 moy ro FUNE Health NAME (Type) ADDRESS(Street, city, town, or county) Riverdale. Md John Kehoe MD 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (City or Town) 23o. BURIAL CREMATION (County) (Stote) REMOVAL (Specify) Oremation 2-24-1968 Crematory Suitland. Maryland Cedar Hill DC PUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE DAFEEB VR A15ME (5) Bros-1661-Good Hope Rd SE Wash

MAKTLAND STATE DEPARTMENT OF HEALTH

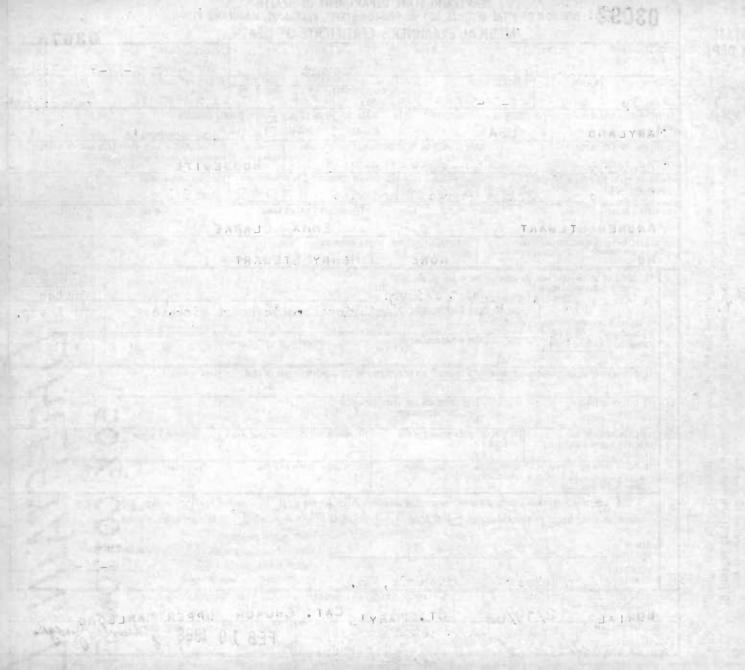


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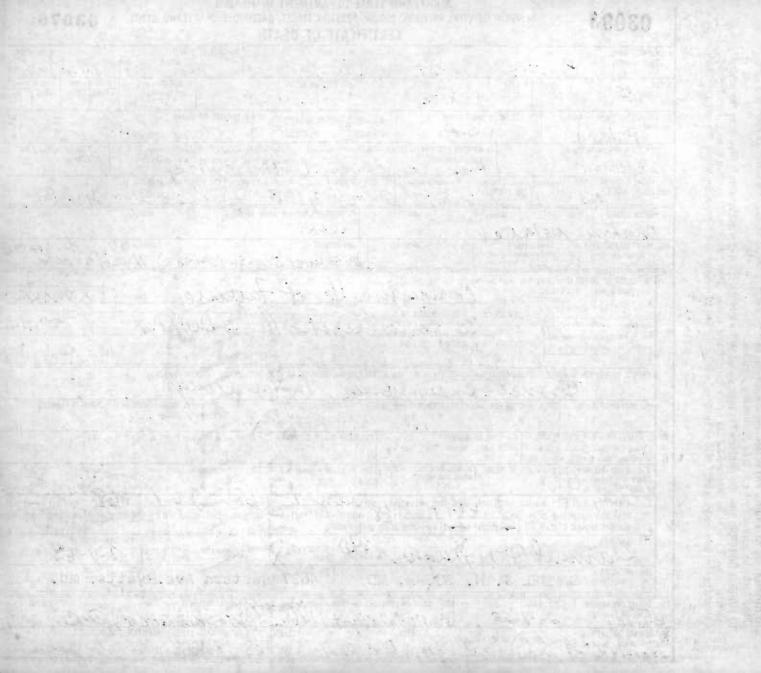
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03674 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 2o. DATE OF DEATH death funeral 1 and death (Type or print) February 10. 1968 Samue 1 S. Steinberg after 4. RACE rsician and campletely filled in by the fur please remove carban papers. Pages 1 I, and in any event, within 72 haurs after 3. SEX S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR Jast birthday) HOURS Male White 9/17/92 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 8. MARRIED NEVER MARRIED country) New York Prince U.S.A. George's WIDOWED DIVORCED [ Md 10. CITY OR TOWN OF DEATH Cheverly 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR requires that the death certificate be executed within give street oddress) during most of working life, even if retired.) **INDUSTRY** U of Md. Prince George's Gen. Hosp. 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 113c. CITY OR TOWN 13e. STREET AND NUMBER 13d INSIDE CITY LIMITS? 13b. COUNTY George's YES X Hyattsville 6700 Belcrest Rd. Apt. 417 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME First Middle Lost Middle Steinberg Ann Smith Harris 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no. or unknown) (If yes give war or dates of service) burial, cremation, ar remaval, 213 14 5861 Kathryn H. Steinberg same as #13 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN DISET AND DEATH PART I. DEATH WAS CAUSED BY: CARCINOMATOSIS 3mos IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Adeno CARCINOMA OF COLON Conditions, if ony, which gove ) 6 mos burial-transit rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse signed k PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) O FUNERAL DIRECTOR: After this certificate has been d far use as the of Health priar ta 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗍 NO TE 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 3 shauld be detached 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while 22a. I certify that (1) (this hospital) attended the deceased fram MARCH, 1967, ta \_19 & X and that in (my) (our) apinion death accurred an the date and haur and from the saw the deceased alive an\_ 2/10 director, page 3 shauld shauld be filed with the causes stated above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR STAFF 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 3503 23o. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) (County) REMOVAL (Specify) Colmar Manor P.G. Md. 2/13/68 Ft. Lincoln Buria 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 (4) 1968 30M REV. 1/68 DATEFR Francis Gasch's Sons Hyattsville, Md.

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	equires that the physician. signed by the burial-transit burial, cremat		PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING	TO DEATH BUT NO	T RELATED TO THE TERMINAL	DISEASE OR CONDITION	N GIVEN IN PART I(a)		
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	tter as as pri	A S				YES 🗆	NO. M	CAUSES OF DEATH?		
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	AN dal dal for He		OR CONTRIBUTING CAUSE OF DEA		Nonth Day Year	ZIC. HOW INJURY OCC	UKKED (Enter noture	or injusy in Part 1 or r	or z, item io.j	
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	OR ATTENDING PHYSICIAN: be retained by the haspital an IRECTOR: After this certificate e 3 shauld be detached for used with the State Dept. af Hea	>	21d. INJURY OCCURRED 21e. While Nat while	PLACE OF INJURY (AT F	IOME, FARM, STREET, FACT ICE BUILDING, ETC.	ORY.) 21f. LOCATION Stree	t ar R.F.D. Na.	City or Town	County	State
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	by ffer be stat	П	22a. I certify that (I) (th	is haspital) attend	ed the decease	d from Jan	1960,	to ker	_, 19 <u>/28</u> , th	at (I) ( <del>we)</del> las
	ed e		saw the deceased o	live an	19	and that in (my	y) ( <del>our)</del> apinian d	leath accurred an t	he date and hav	ir and fram the
	TT. Gain	п		e, (1) ( <del>we)</del> (ala) (a <del>la</del>	Hot) view the b	ody after death.				
	OR ATTEND be retained DIRECTOR: A je 3 shauld ed with the		22b. SIGNATURE	0000	Xunde.	DEGREE PHYS	IG MED.	STAFF -	22c. DATE SIGNED	10
	De pe pe de		Lanua	x y / g	rugar	11113.,	DIRECTOR	PHYS.	02-1-1	3 0
	ITAI may tal tal		22d. PHYSICIAN'S NAME (Type) SAMU	EL J. N.	SUGAR,	MD 22e. A00	37 Easte	ern Ave.Hy	yatts. N	d.
	O HOSPITAL OR ATTENDING PHYSICIAN: 1 Page 4 may be retained by the haspital ar O FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far us shauld be filed with the State Dept. af Healt	22-		DATE		EMETERY OR CREMATORY C		LOCATION (City or Town		(State)
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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

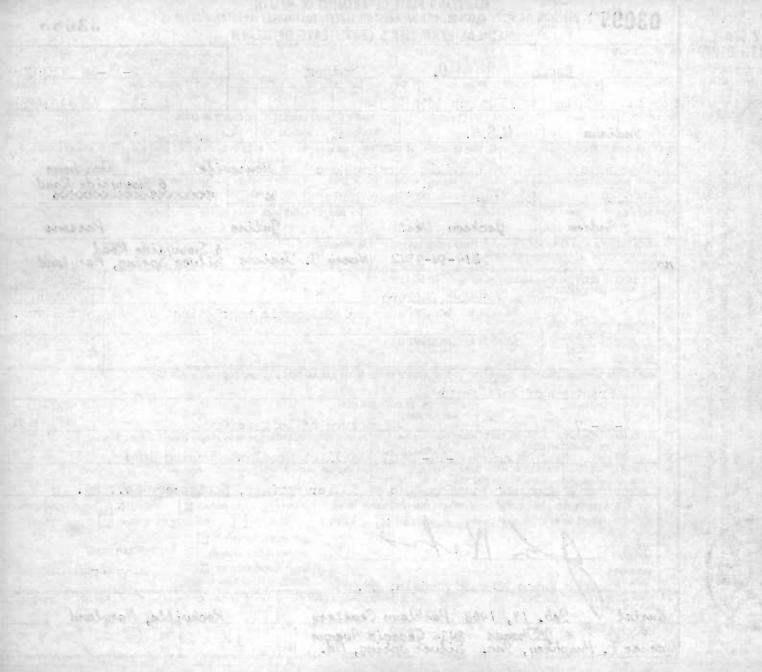
CERTIFICATE OF DEATH

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icol	/sic ple		13.	FATHER'S NAME				-	14. MOTHER'S MAIDEN I	NAME	0		
ertif	phy			Richard	Thomas				Maria ?	Top	100016	20	
the c	ding.		15.	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16. 5	SOCIAL SECURITY NO.	17.	NFORMANT	fi.	Address	. (	15
deo	permit.	90	(Te	No No	(If yes give war ar dates o	57	8-20-3709	K	perebbot.	Thomas	2027	1/2/	Milis.
he	pel pel			18. CAUSE OF D	ATH (Enter only one cou	ise per line far	(o), (b), ond (c).)					INTERVA	L BETWEEN
‡	d by the -tronsit p			PART I. DEA	TH WAS CAUSED BY:	Doni	tonitis					ONSET A	ND DEATH
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ires	signed buriol- burial,			Conditions, if ony	which gove	(b) Perf	oration of	div	erticulum o	f sigmoid c	olon	1 We	ek
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w	as the priar to			stoting the unde	lying couse	(c) Pulm	onary tube	rcul	osis, far a	dvanced		2 yr	.9 mo.
e la	as as	133		PART II. OTHER SI	1				THE TERMINAL DISEASE CON		(a)	19. WAS	AUTOPSY
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AN	for un		IFIC	20a. ACCIDENT WAS		20b. DE	SCRIBE HOW INJURY OC	CURRED.	(Enter nature of injury in	Part I ar Part II of item 1	8.)		
Di id	I po	-79			CAUSE OF DEATH MEDICAL EXAMINER)						X275445		
H Se	his cel etache Dept.		MEDICAL		JRY Manth, Day, Year	20d. IN	JURY OCCURRED	20e. PLAC	CE OF INJURY (Home, farm	, 20f. (City or tov	vn) (Car	unty)	(State)
the P	thi det e D	W	MED	Hour 'a.r	10	While		fact	ary, street, office bldg., etc.)				
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ned ned	uld the				eceased alive an	2/6	19 <u>68</u> , a	nd that	death accurred at	:45A M, fram cau	ises and an th	ne date st	ated abave.
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OR ATT	DIRECTOR: ge 3 should led with th				vur i	ven	1	M.D	). PHYS.	DIRECTOR PHYS.		6/68	
AL		,		22c. PHYSICIAN'S NAME (Type)	Moe Weis	- M D				enn Dale Ho			
TI M	ERA or, p			MAINT (1 ype	Moe wers	S, M.D.			G.	lenn Dale, N			
Poge 4 moy	director, poge		236	BURIAL, CREMATIC		EREOF	23c. NAME OF CEME	JERY OR	CREMATORY	23d tOCATION (City	or Tawn)	(County)	1 (State)
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	_	d	24	FUNERAL DIRECTO	R/ //	11.	ADDRESS	10			Sb. REGISTRAR'S S	IGNATURE	Lan
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 33883 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT 1. DECEASED-NAME First Middle 20. DATE KNOWN Manth 2b. HOUR (Type or Print) ESTI-Pone Susan Trainor DEATH MATED 1970:00aM delay and 3 artment 3. SEX 4 RACE 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. DATE OF BIRTH 2c DATE PRONOUNCED DEAD 2d HOUR last birthday) 68 19 10 : 00 amm Female White 11 March 93 YRS. 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH pages I and 2 with the State De Office along with farm country) Indiana U.S.A. WIDOWED F DIVORCED [ tem 18. Give Pages Prince George's 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address)
vattsville Nursing Home during most of working life, even if retired.) NOUSTRY home Hvattsville Housewite 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND WIME Puruside Silver Spring \$000XD6X6XXX6XXXX6XXXX YES NO after 14. FATHER'S NAME First 15. MOTHER'S MAIDEN NAME First Middle Andrew Vest Juline Jackson Parsons haurs .L 4 shauld be farwarded to the Chief Medical Examiner's pencil 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT within Sunny state Road (Yes, no, or unknown) (If yes give war or dates of service) 219-54-9342 Harry 2. executed event within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Heart failure minutes DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic heart disease over 2 yrs. Conditions, if any, which gave rise ta immediate cause (a). any certificate shauld DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause 2 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 remaval, Fracture of left femur 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? e certificate, 1-20-67 Fracture of left femur YES 🖂 NO X 21o. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 ar Part 2, Item 18.) 21b. TIME OF INJURY Manth, Day, Yeor 3 shauld PRIMARY OR CONTRIBUTING HOUR A.M. crematian, Fell at Woodlawn Nursing Home
21f. LOCATION Street or R.F.D. No. Gity or Town CAUSE OF DEATH am P.M. 1-19- 19 67 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street. City or Town County State while Not while factory, office building, etc.)
AT WORK AT WORK WORK WORLD Silver Springs. Montgomery Co. 22a. I certify that I taak charge of the remains described above, held an Autopsy ... Inspection 🔀 Inquiry x and in my apinian the funeral directar. death resulted fram: Natural causes Undetermined manner Accident X Suicide [ Hamicide | CHIEF MEDICAL EXAMINER ACTUAL FUNERAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 5 may b TO FUNER Health 2-12-68 DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) ADDRESS(Street, city, tawn, ar caunty) Kehoe MD Riverdale, Md 23a. BURIAL CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) (County) (State) Parklawn Cemetery Rockville, Maryland 2Sb. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR VR A15ME (5) Pumphrey. Silver Spring. Inc. 10M REV. 1/68

MAKYLAND STATE DEPARTMENT OF HEALTH



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03099 04674 CERTIFICATE OF DEATH DECEASED-NAME Middle lost 20. DATE OF DEATH 2b. HOUR Month 25 after death (Type or print) Baby Gir1 968 Turner Feb. 10:30PM 4. RACE 3. SEX 5. DATE OF BIRTH 6. AGE (In years LE LINDER | YEAR IF LINDER 24 HRS. burial-tronsit permit. Then pleose remove corbon papers. Pages 1 burial, cremotion, or removal, ond in ony event, within 72 hours offer last birthday) MONTHS HOURS Female Negroid 25, 1968 14 20 Feb. 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 8. MARRIED NEVER MARRIED Maryland U.S.A. WIDOWED [ DIVORCED Prince Georges 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR within give street oddress)
Prince Geo. Gen'l Hospital during most of working life, even if retired.) INDUSTRY attending physician ond completely formit. Then pleose remove corbon Cheverly 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER requires that the deoth certificate be executed 13b. COUNTY Prnce Georges odmission) STATE Maryland Upper Marlboro NO 🗌 RFD Box 1469 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First First Middle Last Middle Turhan Datcher Audrey Turner 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (If yes give war or dates of service) Yes, na. ar unknawn) APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY mencil IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-tronsit p Conditions, if ony, which gove ) rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) After this certificate has been be detoched for use as the Stote Dept. of Health prior to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES V NO [ Page 4 moy be retained by the hospital or 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State City or Town County While Nat while at work O FUNERAL DIRECTOR: After director, page 3 should be despould be filed with the Stote 22a. I certify that (1) (this haspital) attended the deceased fram Feb. 25, 19.68, ta Feb. 25, 19.68, that (1) (we) last saw the deceased alive an Feb. 25, 19.68, and that in (10.14) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (4) (we) (did) (did) (did) (view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR STAFF XIX DEGREE 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Prince Georges General Hospital John H. Moling, M. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION 23b. DATE (Caunty) (State) REMOVAL (Specify) 3/2/68 rince Geo. General Hosp. Cheverly, Maryland 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS DAMAR 11 1968 30M REV. 1/88 Jr. Jaministrator - 0501

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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03101 03686 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Lost 2a. DATE OF DEATH 2b. HOUR within 24 hours after death (Type or print) Ulmer Pearl 5:00d 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years 1F UNDER 1 YEAR IF LINDER 24 HRS last birthday) Female Caucasian 12-9-83 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH filled in (Ountry)
Missouri U.S. WIDOWED X DIVORCED [ Prince George 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital within IO. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) Leland during most of working life, even if retired.) INDUSTRY en pleose remove corbon Riverdale Memorial Hosp. burial, cremotion, or removal, and in any event, 13o. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c CITY OR TOWN requires that the deoth certificate be executed 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY YES -NO Hvatts. 007 Chillum Rd 14. FATHER'S NAME Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle Cohen Morris 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no. or unknown) (If yes give war or dates of service) Hospital Record APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), BETWEEN DISET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO, OF signed by the burial-transit p Conditions, if ony, which gove ) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF Poge 4 may be retoined by the hospitol or ottending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED THE TERMINAL DISEASE OR CONTRIBUTION GIVEN IN PART 1(a) prior to ! os the O FUNERAL DIRECTOR: After this certificate hos been 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20g. AUTOPSY? CAUSES OF DEATH? NO P director, page 3 should be detoched for use should be filed with the State Dept. of Health ; YES 🗌 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT NOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while of work 22a. I certify that (I) (this haspital) attended the deceased from 19, and that in (my) (eur) opinian death occurred an the date and haur and from the causes stated abave, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE ATTENDING STAFF DEGREE PHYS DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23h DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) REMOVAL (Specify) Feb. 19, 1968 Mt. Lebanon Cemetery Hyattsville, Mary lana 24. FUNERAL DIRECTOR Donald M. Stein Heb. ADDRESS 232 Carroll 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) Memorial Funeral Home St., N.W., Washington, D. C. DATFEB 20 Ochanles 1968 30M REV. 1/68

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7	111/	7	13102 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
		1	CERTIFICATE OF DEATH	3687
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de de	and		EDITH M WALSTROM 2 4 6	8 245 A
1	12 - ra		SEX 4. RACE . S. OATE OF BIRTH 6. AGE (In years IF UNDER )	YEAR IF UNDER 24 HRS.
45	the age:		F CAUCASIAN S. OATE OF BIRTH 6. AGE (In yeors list birthday) MONTHS S. YRS.	DAYS HOURS MIN.
auri	by P		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
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in 2	Pag Life	72.	CITY OR TOWN OF DEATH 11, NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o, USUAL OCCUPATION (Kind of work done 12b KI	NO OF BUSINESS OR
¥.	ely l	70	HYATTSUILE Give street oddress) HYATTSUILE NURSING HOME HOUSER EFTER - COOK	SAME
p <sub>o</sub>	carl ent,	17	LUSUAL RESIDENCE (Where deceased lived, if institution: Residence before   13c. CITY OR TOWN   13d. INSIDE CITY LIMITS?   13e. STREET AND NUMBER	111)
cut	amb	16	nission) STATE Md. 13b. COUNTY PR. GEORGES TAKOMA PK YES NO BIG LAKE H ADE.	
өхө	emo any	1	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First, Middle	Last
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cate	sicia olea: an		1. WAS OECEASEO EVER IN U.S. ARMED FORCES? Yes, na, or onknown) (If yes give war ar dates of service)  16b. SOCIAL SECURITY NO. 17. INFORMANT  MOS HAZEL (4)	2
#	physician. signed by the attending physician and campletely filled in by the funeral burial-transit permit. Then please remove carban papers. Pages 1 and 2 burial, cremation, ar remayal, and in any event, within 72 haurs after death.		110 MAS MALLE W. STAMOND CHAME AS A	13/
90 [	em -Th	7.1	18. CAUSE OF DEATH (Enter Only one couse per line for (g), (b), and (c),)	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
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<b>=</b>	the nat		Conditions, if any, which gove (b) Congestive Iteast Tailare 1	12 6
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ires	pnysician. signed by the attending burial-transit permit. Th burial, crematian, ar rem	- 6	last. 4201 (c) Coronary artery Viscease	
ned n	attending physician. has been signed by se as the burial-trar th priar ta burial, cre		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CEATH BUT NOT RELATED TO THE TERMINAL CISEASE OR CONDITION GIVEN IN PART 1(0)  The strenge security of the second sec	
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9	as b as pric	Y	CHTARA RO 2221A2	IN CERTIFFING
Ė.	use h	Λ	YES NO CASSES OF BEATH:  210. ACCIOENT WAS UNDERLYING   21b. TIME OF INJURY   21c. HOW INJURY OCCURRED (Enter nature af injury in Port 1 or Part 2, Item 18.)	
AN	fical for He		or contributing Cause of Death HOUR A.M. Manth Day Year	
Sic	dspi certi hed it. al		(If either, natify medical examiner) P.M.  21d. INJURY OCCURRED While Not while 1  21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street at R.F.D. No. City or Town Caunty	Stote
H	his his a		While Not while of wark of wark	31016
52	er fl		22g   certify that (1) (this besaital) attended the deceased from 1 - 2 - 2   19 6 ) ta 2 - 4   19 6 /	that (I) (we) las
9	Aft Aft d b		saw the deceased alive on	aur and fram th
Ē.	OR.			
Y X	S sh wit		22b. SIGNATURE 22c. DATE SIGN ATTENOING MED. STAFF 22c. DATE SIGN	10/18
0	DIR Ge		John 2 Forl MUDEGREE PHYS. MED. DIRECTOR DIRECTO	/ 60
Ι	4 may be retained by the haspital ar IERAL DIRECTOR: After this certificate ar, page 3 shauld be detached far u ld be filed with the State Dept. af Heal	- 1	22d. PHYSICIAN'S NAME (Type) LOHN L. FORD MD 22e. ADDRESS & 31 UNIVERSITY BL	OE
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs afterwise	Page 4 may be retained by the haspital ar attending  O FUNERAL DIRECTOR: After this certificate has been directar, page 3 should be detached far use as the should be filed with the State Dept. af Health priar ta			(Stote)
H	o FUN direct shaul	1	BURIAL (REMATION, 23b. OATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) of County REMOVAL (Specify) FEB 6. 1968 FOR KINCOLM CREMATORY CALMY MAKELY OF SUN COUNTY	(STOTE)
5	- 2	2	EUNERAL OIRECTOR AODRESS 250. REGO BY REGISTRAR 25b. REGISTRAR'S SIGNATUR	E
	VR A15 (4 30M REV. 1)	68	Coly ( NITO), 254 Carroll NND. Nach. LOC SATTEB 7 1968 golernes	and see
		-6	Tank I I I I I I I I I I I I I I I I I I I	



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death e Pages with far	Stat	10. 0	ITY OR TOWN OF	DEATH	11.	NAME OF	HOSPITAL OR	NSTITUTION	(If not in hosp	ital 12a. l	JSUAL OC	CUPATION (Ki	ind of war	k done	12b. KINI	OF BUSH	NESS OR
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after de 8. Give	· 音音	13o.	USUAL RESIDEN	CE (Where deceas	ed lived, if inst	itutian: R	esidence befai	e 13c. CITY	OR TOWN	13d. INSIDE CITY	LIMITS?	13e. STREET	AND NUMB	ER			
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haurs Item 1 Office	land 2 with the State after death.	14. F	ATHER'S NAME	First	Midd	dle	Lost		15. MOTHER'S I	MAIDEN NAME	First		Midd			Last	
24 h in It	s and	В	Bernard Ward Margaret														
cil i	pages	16a.	WAS DECEASED EV	ER IN U.S. ARMED F			OCIAL SECURITY	NO. 1	7. INFORMANT				ADDRESS	5			
within of the pencil if Examiner	File p	f,	es, no, or unknow	(If yes give	var or datés of service	)	2-16-5		Mrs.	Inece	Ward						
			18. CAUSE OF	DEATH (Enter onl	y one couse per	line for	(o), (b), ond (c	1.)								PROXIMATE I	
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0) + +	-0		PART 2. OTHER S	SIGNIFICANT CONDI	TIONS CONTRIBL	JTING TO	DEATH BUT NO	T RELATED	TO THE TERMINA	L DISEASE OR	CONDITIO	N GIVEN IN P.	ART I(o)				
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VER: certif	les. sho tian	MEDICAL	CAUSE OF DEATI	Н		P.M.	19		9.19	144	27.0						200
the 4 sl	+ m 0	M	21d. INJURY OCC	URKED 21e. F	LACE OF INJURY tory, affice build	(At ham ling, etc.)	e, form, street,	2	If. LOCATION Stre	eet or R.F.D. No	•	City or 1	Town		County		Stote
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Xec:	CTOR: burial,		22a. I	certify that I to				ed abave	, held an Au	utopsy 🔯,	Ins	pection 🔀	], Inq	uiry 🛚 🔄	], an	d in my	opinion
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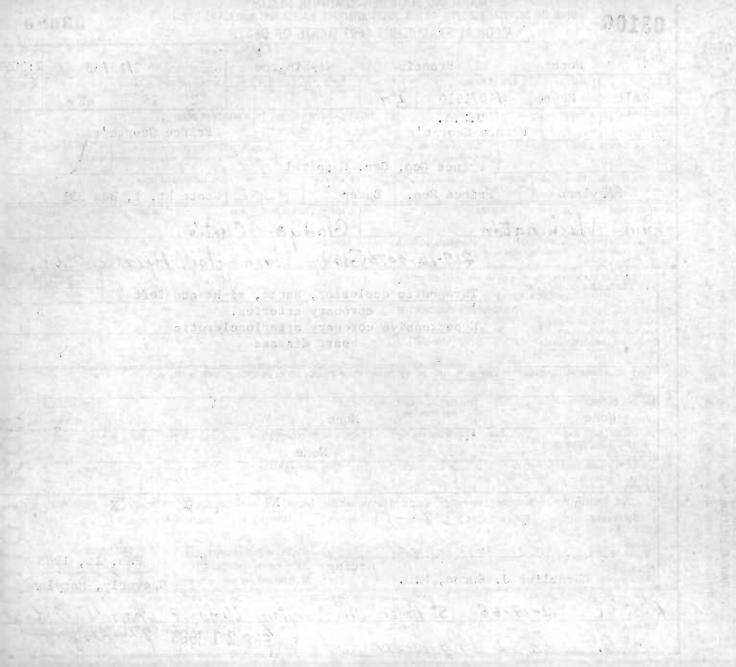
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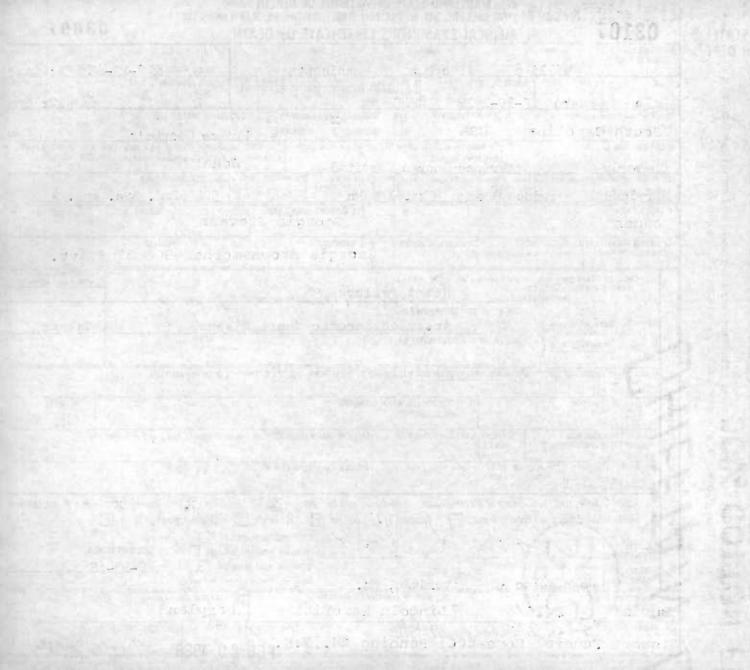
MARYLAND STATE DEPARTMENT OF HEALTH 03105 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH V4680 DECEASED-NAME First Middle Last 2g. DATE OF DEATH 2b. HOUR after deoth deoth (Type or print) Month Day Yeor Baby Cirl Washington 4:10AM Feh 1968 6. AGE (In years last birthday) 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS DAYS HOURS Female Negroid Feb. 13, 1968 requires that the deoth certificate be executed within 24 hours 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED XX country) WIDOWED [ DIVORCED [ Maryland Prince Georges 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital remove corbon pd burial, crematian, or removol, and in any event, within 12g. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress during most of working life, even if retired.) INDUSTRY Prince Georges General Hosp. Cheverly 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before \$13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Maryland Pringe Georges YES NO Wash. SE 2909 Nelson Place, SE 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First First Middle Lost Washington 16b. SOCIAL SECURITY NO. Gail Crawford Frank 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, no. or unknown) (II yes give war or dates of service) Mother APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) Prematurity DUE TO, OR AS A CONSEQUENCE OF signed by the burial-tronsit p Canditions, if any, which gave ) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗌 NO [ Page 4 may be retained by the hospitol or O FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical exominer) HOUR A.M. Manth Day Year P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town State County While Nat while at work 220. I certify that (1) (this hospital) ottended the deceased from Feb. 13, 19.68, ta Feb. 13, 19.68, that (1) (we) lost saw the deceased alive on Feb. 13, 19.68, and that in (1) (our) opinion death occurred on the date and haur and from the couses stated above, (1) (we) (did) (did) (victors) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE **ATTENDING** MED.
DIRECTOR STAFF PHYS. DEGREE X Feb. 13, 1968 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) John H. Moling, M. D. Prince George's General Hospital 23a. BURIAL, CREMATION 23b. DATE 23 NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) Cheverly, Md. REMOVAL (Specify) Prince Geo. Gen. Hosp. 3/2/68 IRECTOR 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE

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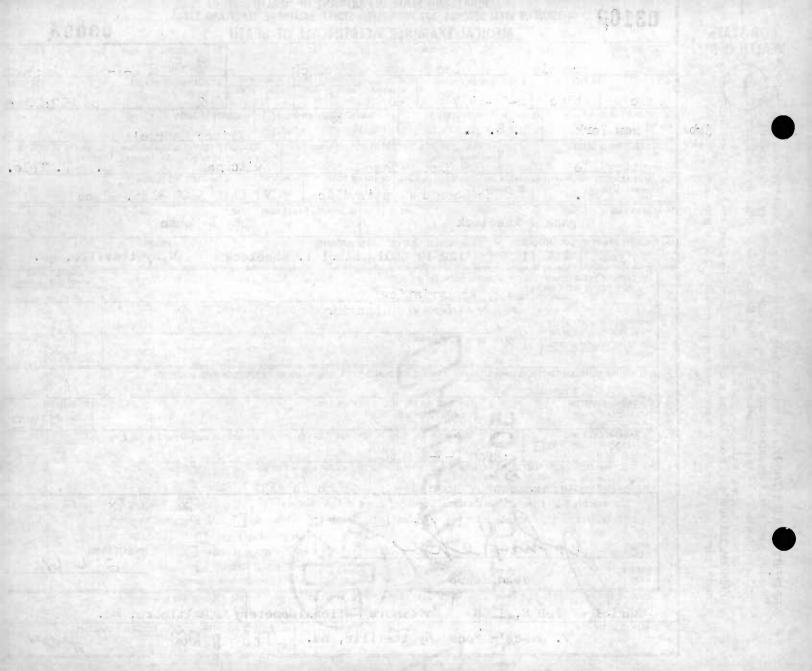
8&222 Film 399 MARTENIO STATE DEL ARTIMORE, MARYLAND 21201 03091 MEDICAL EXAMINER'S CERTIFICATE OF DEATH DEPT 1. DECEASED-NAME First Middle 2g. DATE KNOWN Month 2b. HOUR (Type or Print) OF ESTI-DEATH MATED 2, and 3 ta PM3. Page o Stephen 19/4: DOam M Washington rtment 4. RACE S. DATE OF BIRTH 6. AGE (In years IF LINDER 24 HRS 2c. DATE PRONOUNCED DEAD 2d. HOUR Month 6819 12:10pm 5-19-1918 Male Negro 1.9 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Office alang with farm South Carolina USA WIDOWED [ DIVORCED [ 8. Give Pages Prince George's 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address)
Prince George Hospital during mast of working life, even if retired.) INDUSTRY Cheverly land 2 with th 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER after death. COUNTY COTE YES NO Chapel Oaks 504 62nd. Ave 14. FATHER'S NAME First Middle Last 1S. MOTHER'S MAIDEN NAME First Georgia Stevens James 2 shauld be farwarded to the Chief Medical Examiner's haurs pencil 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** (Yes, no, or unknown) Georgia Brown-mother-504 62nd Ave. (If yes give war or dates of service) File within APPROXIMATE INTERVA executed 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Heart failure IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF burial-transit pe Canditians, if any, which gave Arteriosclerotic heart disease Unknown rise ta immediate cause (a), any shauld writing the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) certificate 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, YES 🔀 NO T 10 21a. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY Manth, Day, Year 3 shauld MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. crematian. CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, affice building, etc.) FUNERAL DIRECTOR: Page WHILE AT WORK AT WORK 220. I certify that I took charge of the remains described above, held on Autopsy X, Inspection X, Inquiry X ond in my opinion director. deoth resulted from: Notural cooses [X] Suicide . Homicide Accident //. Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funeral SIGNATURE. 2-23-68 DEPUTY MEDICAL EXAMINER EXAMINER'S may 5 may ro FUNE Health NAME (Type) ADDRESS(Street, city, town, or county) John Kehoe MD Riverdale, Md. 23c. NAME OF CEMETERY OR CREMATORY 23g. BURIAL, CREMATION, 23d. LOCATION (City or Town) 28b. DATE (County) (State) BUREMOVAL (Specify) 2/26/68 Lincoln Memorial Maryland 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Funeral Home-4001 Benning Rd., N. Fine VR A15ME (5)



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ed v in Il Ex II Ex		18. CAUSE OF DEA	ATH (Enter anly a	ne cause per lin	e far (a), (b),	and (c).)							API BETW	PROXIMATE I	NTERVAL ANO DEATH
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Th ffica 1 be 1d b ar		21a. EXTERNAL CAUS		21b. TIME OF I		Day, Year	21c. HOW INJURY O	CCURRED (Ente	er nature af	injury ir	Part 1 or	Part 2, It	em 1B.)		
certification, artition, ar	MEDICAL	PRIMARY OR CO CAUSE OF DEATH	-	HOUR A.M		19							3545		
XAMINER: the the certified the should your files. 'age 3 shou cremation,	WE	21d. INJURY OCCURR	1	CE OF INJURY (At y, office building		street,	21f. LOCATION Street	or R.F.D. Na.		City ar	Tawn		Caunty		State
		AT WORK L AT WO	RK L			2-17									
TY SICAL EXAMINER:  y, please execute the certival director. Poge 4 should be retained for your files.  AL DIRECTOR: Page 3 shoupriar to buriol, cremation,	-						ive, held an Auto		Inspec	_		uiry 🗦		d in my	opinion
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o DEPUTY necessary, if the funeral 5 may be r o Funeral Health price		EXAMINER'S NAME (Type)	John Ke	foe MD	River	dale .		DRESS(Street,			1)	~~	-00		
the Her	236	BURIAL REMATION	, 23b DA				RY OR EREMATORY	1	23d. 1/00	TION (	ity or Jown	n)	(County)	(Str	ate)
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 03093 HEALTH DEPT! 1. DECEASED-NAME First Middle 20. DATE KNOWN OF ESTI-Month Day 2b. HOUR (Type or Print) M3\_Rogs Francis Wheelock DEATH MATED 2-5-68 1910:30ath delay 3. SEX S. DATE OF BIRTH IF UNDER 24 HRS. 6. AGE (In years 2c. DATE PRONOUNCED DEAD 2d. HOUR last birthday) White Male 4-24-1917 197 2 : 20mm 50 YRS 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH shauld be farwarded to the Chief Medical Examiner's Office along with farm country) New York jwb U. S. A. WIDOWED | DIVORCED the State Prince George's 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12h, KIND OF BUSINESS OR give street oddress)
5809 31st. Place during most of working life, even if retired.) INDUSTRY & 00 Hvattsville P. Tele. with 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmissian) STATE Md. Frince George W Hyattsville YES X NO 5809 31st. Place land 2 after 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Frank J Wheelock Ruby L House 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. be executed within 17. INFORMANT (Yes, no, or unknown) 122 10 6501 Ethel I. Wheelock W Hyattsville, Md. File within APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Asphyxiation event DUE TO, OR AS A CONSEQUENCE OF Hanging Conditions, if ony, which gave rise ta immediate cause (a), any DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, YES 🗔 NO X 21b. TIME OF INJURY Manth, Day, Year 21a. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) 3 shauld PRIMARY TO OR CONTRIBUTING HOUR A.M. 0:30am 2-5- 19 68 CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State foctory, office building, etc.) WHILE AT WORK Basement of home same as #13 220. I certify that I took charge of the remains described above, held on Autopsy , Inspection X, Inquiry X ond in my opinion Notural causes , Accident , Suicide , Homicide , Undetermined monner deoth resulted from: CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** John Kehoe NAME (Type) ADDRESS(Street, city, tawn, or caunty) 23a. BURIAL, CREMATION 23h DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) Feb 8, 1968 Baltimore National Cemetery Baltimore, Md. 25a. REC'D BY REGISTRAR 1968 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** F. Gasch's Sons Hyattsville, Md. VR A15ME (5)



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 1. DECEASED-NAME First Middle 20. DATE KNOWN 2b. HOUR (Type or Print) ESTI-Dorothy DEATH MATED \$ 2-20-68 Virginia Whitacre delay and 3 t 1.0pm M 6. AGE (In years IF UNDER 24 HRS. 3 SFX 4. RACE S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR PM3 Month Day 6819 1:20pm M Female White 27 Oct. 1920 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH th form West Virginia WIDOWED [ DIVORCED [ Prince George's U.S.A. 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.)
Cushion Dept give street address) Prince George Hospital INDUSTRY Give Cheverly Furniture Co. Office alang 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER land 2 with 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13b. COUNTY Martinsburg YES NO Rt.1. Box 229G after 14. FATHER'S NAME Middle 15 MOTHER'S MAIDEN NAME Middle Reba Hollar Edward A. Murphy, Sr. shauld be farwarded to the Chief Medical Examiner's pages haurs 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT pencil ADDRESS (Yes, no, or unknown) 235-12-1300 Mr. Herman J. Whittere, Sr. Rt. 1, Martinsburg, WV within .= executed 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH permit. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Renal failure "pending" event DUE TO, OR AS A CONSEQUENCE OF Necrotizing angiitis burial-transit Conditions, if ony, which gave rise ta immediate cause (a), any shauld writing the ward DUF TO, OR AS A CONSEQUENCE OF stoting the underlying couse .⊑ and certificate PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 remaval, 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, YES 🗍 NO E 6 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) shauld PRIMARY OR CONTRIBUTING HOUR A.M. crematian, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town Caunty State factory, affice building, etc.) FUNERAL DIRECTOR: Page NOT WHILE 220. I certify that I took charge of the remains described above, held an Autopsy ... Inspection 3 Inquiry X and in my opinian director. death resulted from: Natural causes & . Accident Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER priar ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funeral SIGNATURE 2-20-68 DEPUTY MEDICAL EXAMINER X **EXAMINER'S** may Health ADDRESS(Street, city, tawn, ar caunty) NAME (Type) Riverdale. 0 23o. BURIAL CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City ar Tawn) (County) REMOVAL (Specify) Rosedale Cemetery Martinsburg Berkeley W. Va Burial 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15ME [5] Brown Funeral Home-Martinsburg, W. Va., 10M REV. 1/68

Service the Assessment of Service and Service and Service and Service (S. 1771) No. -- No. No. -- N. -- Burisl . Feb. 23, 1988 Roschale Commitery Mertinguist Perkeley, M. No. Brown Houses Henry Martinghurg, M. Va., hours after death.

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

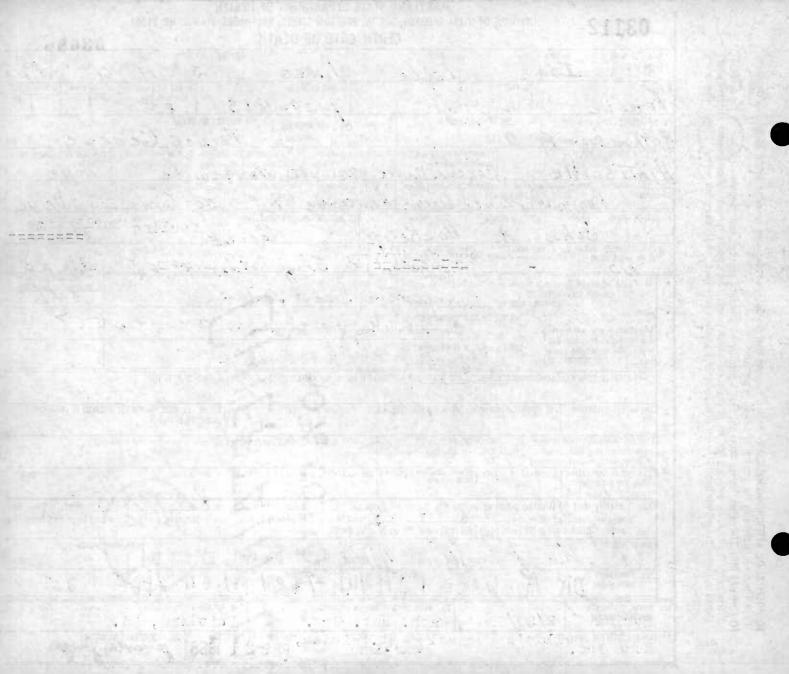
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	ECEASED-NAME	First		Middle		Last	2a. DATE				2b. HOUR
(1	Type or print)	J	ames	н.	W	ight	Fe	b. Month	5, Doy19	968eor	6 PM M
3. SI	EX	4 - 71	4. RACE	- 123	S.	DATE OF BIRTH		6. AGE (In y	rears 11	F UNDER 1 YEAR	IF UNDER 24 HRS.
	Male		Caucas	ian		March 29,	1898		yrs.	ONTHS DAYS	HOURS MIN.
caui	BIRTHPLACE (Stote or fo	D.C.	7b. CITIZEN OF WHA	•	WIDOWED	NEVER MARRIED DIVORCED	9. COUNTY (	OF DEATH e Georg			Md
	CITY OR TOWN OF DEAT Cheverly	Н	11. NAM	ME OF HOSPITAL OR INST	Gen'l H	ospital 120. USU.	AL OCCUPATION	ON (Kind of wor ng life, even if r	rk done etired.)	12b. KIND OF INDUSTRY	BUSINESS OR
	USUAL RESIDENCE (Whission) 1STATE	ere deceose	d lived, if institutio	n: Residence befare Georges 1	13c. CITY OR TO	OWN 13d. INSIDE CITY I	LIMITS? 13e.	STREET AND NUM 09 33rd	MBER	et	
14.	FATHER'S NAME FI Fredric			Last		oother's maiden name of the rlc			Middle		Last
16a.	. WAS DECEASED EVER I		D FORCES? or dates of service)	16b. SOCIAL SECURITY N		ORMANT			ddress		- \
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		(Enter anly	ane cause per line	e far (a), (b), and (c).)	3. 5.		vife)				MATE INTERVAL DNSET AND DEATH
	PART I. DEATH V	AS CAUSED - IMMEDIAT	E CAUSE (o) Bi.	lateral pu	lmonar	y emboli, re	ecent.			S 138	
	485	X	DHE TO OR AS	A CONSEQUENCE OF						F1284	
	Conditions, if ony, wl		(b) Ab	scess - ri	ght lo	wer lobe wit	th empy	yema, ri	ght		
	rise ta immediate co stating the underlyi			A CONSEQUENCE OF		ple	eural	cavity.	WE L	(1.33)	
	last.	)	(c) Bro	oncho-pneu	monia,	right, middle	e and i	upper 1	obes.		
	PART 2. OTHER SIGNI	FICANT CON	OITIONS CONTRIBUTI	NG TO DEATH BUT NO	T RELATED TO 1	HE TERMINAL DISEASE OR	CONDITION GIV	VEN IN PART 1(a	)		
z	491X		Re	cent infar	ction,	right cerel	bral he	emisphe	re, int	ternal	capsu-
CERTIFICATION	19a. DATE OF OPERATION	)N 19b. C	ONDITION FOR WHIC	H OPERATION WAS PER	FORMED	20a. AUTOPSY? YES NO NO	CALIS	IF YES, WERE FI SES OF DEATH?	NDINGS CON	SIDE <b>L</b> E W C	aram.
MEDICAL CER	21o. ACCIDENT WAS OR CONTRIBUTING (If either, natify med	AUSE OF DEATH	HOUR A.M.	INJURY Manth Day Year 19	21c. HOW	INJURY OCCURRED (Ente	er nature of in	njury in Port 1 o	r Port 2, Iter	m 18.)	
ME	21d. INJURY OCCURR While Nat while at wark at wark	D 21e. I	PLACE OF INJURY (			NTION Street ar R.F.D. No		ity or Town	XB	County	State
	saw the dea	eased ali	ve on Feb	nded the deceose 5 sidencial view the b	68. ond	Jan. 18., 19.4 thot in (my) (xext) op oth.	68_, to_ inion deoth	FEb. 5 h occurred or	, 19 <u>61</u> the dote	a, thot ond hour	(I) (west los
	22b. SIGNATURE	2m	36	3 us	DEGREE	_	MED. DIRECTOR	STAFF PHYS.	22c. DA	TE SIGNED	68
,	22d. PHYSICIAN'S NAME (Type)	Don B	. Camero	n, M. D.		22e. ADDRESS 3503 Perry				nier,M	aryland
	BURIAL, CREMATION, REMOVAL (Specify)	23b. D	/9/68	23c. NAME OF C	rood C	em.	Was	TION (City or To $h \cdot D \cdot C$		(County)	(State)
24.	FUNERAL DIRECTOR 1			neral Address	Mt.Ra	i ni el 250. REC'D	BY REGISTRAR	2Sb. RE	GISTRAR'S SI	GNATURE	5

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled had directar, page 3 should be detached far use as the burial-transit permit. Then please remave cardan paper shauld be filed with the State Dept. at Health priar to burial, crematian, ar remaval, and in any event, within 72 VR A15 (4) 30M REV. 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

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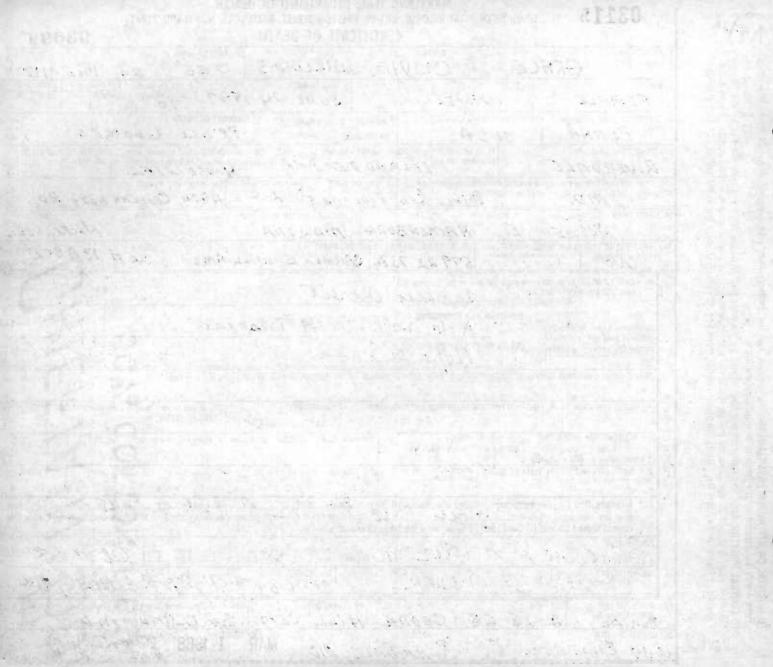
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		03115	DIVISION OF VITAL F	RECORDS, 301 W. P	RESTON STREET, BALTIN	MORE, MARYLAND 21201	
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and 2 deoth.		CEASED-NAME First		liddle	Lost	20. DATE OF DEATH	2b. HOUR
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	3. SE		4. RACE		S. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS.
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73		RIVERDALE	give street oddre			t af working life, even if retired.)	INDUSTRY
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/		JESSIE		KENBURG	MARTHA		HICKERNELL
	16a.	WAS DECEASED EVER IN U.S. ARN es. no. or unknown)   (If yes give w	IED FORCES? 16b. SOCI.		INFORMANT	LIAMS SEE #	13ABCE
		es, no, or unknown) (If yes give w	579	22 7386 6	ARMEL E. WIL	LIMMS SEE H	
		<ol> <li>CAUSE OF DEATH (Enter online PART I. DEATH WAS CAUSED</li> </ol>	DAY AL				APPROXIMATE INTERVAL BETWEEN ONSET AND OEATH
		IMMEDIA	TE CAUSE (a)	desc as	resi		
		Conditions, if any, which gave	DUE TO, OR AS A CONSE		D. 4+ Din	2410	
		rise ta immediote couse (a),	(0)	eutoleir	in 171 miles	care	
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		PART 2. OTHER SIGNIFICANT CON	17		THE TERMINAL DISEASE OR COL	NOITION GIVEN IN PART 1(a)	1
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	CERTIFICATION	19a. DATE OF OPERATION 19b.	ONDITION FOR WHICH OPERA	TION WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CON	ISIDERED IN CERTIFYING
	TIFIC				YES NO NO	CAUSES OF DEATH?	
4		210. ACCIDENT WAS UNDERLYIN		21c. H		noture of injury in Port 1 or Port 2, Ite	m 18.)
2	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	H HOUR A.M. Month	Day Yeor			
	ME	21d INTURY OCCURRED 21e			OCATION Street at R.F.D. No.	City or Town	County State
		While Nat while at wark at work					
		22a. I certify that (I) (thi	s hospital) ottended th	e deceased fram_	DE-C , 1963	L, to Feb 19, 196	E, that (I) (we) las
		causes stated obove	, (I) (we) (did) (did nat)	view the body after	a tnot in (my) (our) opini deoth.	on deoth occurred on the dote	ond hour ond from the
		22b. SIGNATURE	(F). 00	1		22c, DA	TE SIGNED
1		(Den emin	& mill	er MD DEG	REE PHYS. MED	ECTOR D STAFF D Le	617 68
1		22d. PHYSICIAN'S NAME (Type) BFN~	S MILI	En	22e. ADDRESS	Urs Mr Pn:	NIER MID
			, , , , , ,	-L/C	3824 34	1 /1/2 N/11/	
1	23a.	BURIAL, CREMATION, 23b. I REMOVAL (Specify)		. NAME OF CEMETERY OR		23d. LOCATION (City or Town)	(County) (State)
Bo	24	FUNERAL DIRECTOR	28-68	CEDAR /	11'LL CEM,	SUITLAND /	CMATILIPE
68	11	I.W. CHAMBE	ne C 2	IVERDALL	DATE MAR	REGISTRAR 1968 Sb. REGISTRAR'S SI	les judge
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 04686 Middle DECEASED-NAME Last 2g. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 haurs after death and 2 (Type or print) Baby Wilson 9:05AM Boy Feb. 4. RACE 5. DATE OF BIRTH 3. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 6. AGE (In years last birthday) MONTHS HOURS Feb. 19, 1968 Male Negroid 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) WIDOWED [ DIVORCED | burial, cremation, ar removal, and in any event, within 72 Maryland Prince Georges filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12o. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) INDUSTRY and campletely fi remove carban Cheverly Prince Geo. Gen'l Hospital
130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before | 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Maryland Prince YES NO Georges Bowle Box 305 14. FATHER'S NAME First Middle Last 1S. MOTHER'S MAIDEN NAME First Middle Wilson Thelma Lennett Morgan James 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no. ar unknown) (If yes give wor or dates of service) mother APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).),
PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a)

Tramature BETWEEN ONSET AND DEATH Immakeri DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Canditions, if any, which gave ) rise ta immediate cause (a), age 4 may be retained by the haspital or attending physician. FUNERAL DIRECTOR: After this certificate has been signed by irectar, page 3 shauld be detached far use as the burial-tran DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar to 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO 🗌 YES 🗌 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examiner) HOUR A.M. Manth Day Year P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town State County While Nat while at work 22a. I certify that (I) (this tocepted) attended the deceased from Feb. 19, 1968, ta Feb. 19, 1968, that (N) (we) last saw the deceased alive an Feb. 19, 1968, and that in (my) (aur) apinian death accurred on the date and haur and from the causes stated abave, (t) (we) (did) 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF PHYS. MED. DIRECTOR DEGREE Feb. 20, 1968 22d. PHYSICIAN'S 22e. ADDRESS John H. Moling, III, M.D. NAME (Type) Prince Georges General Hospital 23o. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) 2 Prince Geo. Gen. Hosp. Cheverly. 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATMAR 1 1 1968 Johnson

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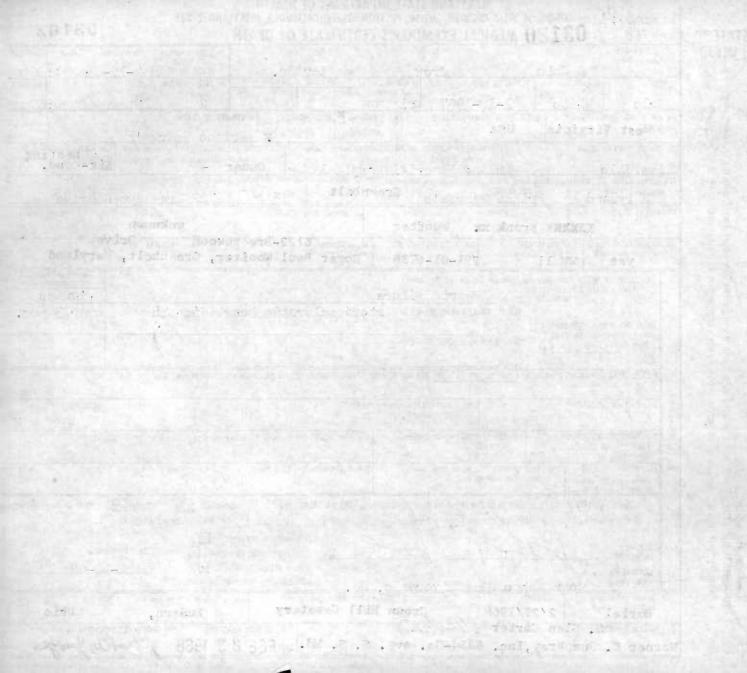
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E 0 0			BIRTHPLACE (State of		CITIZEN OF WE	IAT COUNTRY?		MARRIED NEVER		9. COUN	TY OF DEATH			
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is certificat te, writing forworded to used as c		CERTIFICATION	19a. DATE OF OPE	RATION		19b. CONDITION		OPERATION		MILE	12.35		20. AUTOP	5 <b>Y</b> ?
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- T			PRIMARY OR C		21b. TIME OF HOUR A.	INJURY Month, E M.	ay, Year	21c. HOW INJURY	OCCURRED (Er	nter nature	at injury in Po	ort 1 or Port 2,	Item 18.)	
NER: certification, hould iles. should should shoul	100	MEDICAL	CAUSE OF DEATH		P.	M. At hame, farm,	19	21f. LOCATION Str	and or D.E.D. No.		City or Tay		County	State
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the Sm Sm Head		230	BURIAL, CREMATIC	W. 23b. D	ehoe MD	23c. N/		ERY OR CREMATORY	1		LOCATION (City	ar Tawn)	(County)	(State)
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			FUNERAL DIRECTOR							D BY REGIS		Sb. REGISTRAR		
VR A15ME (5) 10M REV. 1/68		Wa	rner E.	Pumphrey	,Inc.	8434-Ga	. Ave.	S. S. M	DATE	82	3 1968	your	well Jaco	36



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR death. death (Type or print) John V. Yeager FEb. :20PM signed by the attending physician and campletely filled in by the Post burial-transit permit. Then please remove carban papers. Pages 1 burial, crematian, ar removal, and in any event, within 72 haurs after 3. SEX 4 RACE S. DATE OF BIRTH IF UNOER 1 YEAR 6. AGE (In years last birthday) Male Caucasian Dec. 8, 1923 requires that the death certificate be executed within 24 haurs 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Wash.,D.C. Prince Georges U.S.A. DIVORCED | WIDOWED | 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital 12a. USUAL OCCUPATION (Kind af wark done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) give street oddress) Cheverly Prince Geo.Gen'l Hospital
130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13c. 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY
Prince Georges Bladensburg 5628 Emerson St. Maryland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First First John Yeager Sr. Frances Higdon 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yest no, or unknown) 577-14-7855 Mrs. Mamie S. Yeager (above address (Wife) 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

Massive The BETWEEN ONSET AND GEAT Massive Intracerebral Hemorrhage, right cerebral IMMEDIATE CAUSE (o) hemisphere DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave ) rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 shauld be detached for use as the shauld be filed with the State Dept. af Health priar ta 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO 🗌 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examiner) HOUR A.M. Month Day Year P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County While Not while at wark saw the deceased alive an Feb. 4 1968, and that in (my) to a apinian death accurred an the date and haur and fram the causes stated abave, (I) two (did) (six not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED.
DIRECTOR DEGREE 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Leon Levitsky, M. D. 3408 Rhode Island Ave. Mt. Rainier Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE 23a. BURIAL, CREMATION, (Caunty) (State) REMOVAL (Specify) Colmar Manor, Md. Fort Lincoln Cem. Nalley's Funeral ADDRESSMt. Rainier 250. REC'D BY REGISTRAR Inc. DATE CER DATE 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) -Villan Ba Home 30M REV. 1/68 DATE CER

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